

RESIST Peer Mentoring Program High School Mentor Recommendation Form

Name of Mentor Candidate: _____

Name of Person Completing Recommendation Form: _____

Position: _____

Phone Number: _____ E-Mail: _____

Please rate the candidate on the following characteristics and add comments below.

Skills/Attributes	Excellent	Good	Average	Below Average	Poor	No Basis for Judgment
Ability to relate to and work with others: Strong interpersonal skills and an excellent team player.						
Leadership ability: An effective leader with the ability to inspire and direct others.						
Initiative and motivation: Identifies goals and accomplishes tasks with little prompting.						
Organizational skills: Can handle multiple tasks, manages time well and meets deadlines.						
Creativity: Ability/potential to develop, market and implement activities and programs to engage students.						
Responsibility: Uses sound judgment, accepts responsibility, take pride in work, is dependable.						

Please comment on why this candidate would make a good peer mentor.

Thank you for agreeing to complete this recommendation on behalf of the RESIST mentor candidate.

Please submit it to Heidi Musil by May 19, 2017 via:

Fax—970.304.6452, E-Mail—hmusil@weldgov.com or Mail—Weld County Health Department,
ATTN: Heidi Musil, 1555 North 17th Avenue, Greeley, CO 80631.