

# Peer Leader Recommendation #1: MCC Faculty/Staff Reference

**PEER LEADER:**

**Applicant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

The above named applicant retains the right of access to this document unless s/he signed the following waiver:

I hereby waive any and all rights of access to this document which is to be included in my application file for the position of Peer Leader at Monroe Community College. This waiver applies to the Family Educational Rights and Privacy Act of 1974, as amended and any other similar legislation. I understand that this document may not be used for any purpose other than evaluation of my qualifications for the Peer Leader position.

\_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EVALUATOR:**

The above-named student has applied for a position as a Peer Leader for 2019-2020. A Peer Leader represents Monroe Community College at campus and college-wide events and must interact with faculty, staff, students, and parents. They must be intelligent, articulate, energetic, creative, and responsible. Most of all, the Peer Leader must be an advocate of the College and have a strong desire to help others. Thank you for your assistance in our selection process.

Name of Evaluator: \_\_\_\_\_

Institution or Business: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this candidate? \_\_\_\_\_ Relationship with candidate: \_\_\_\_\_

How well do you know this candidate?  Very Well  Well  Casual  Not very well

**PERSONAL CHARACTERISTICS:**

Please rate the candidate's abilities on each of the following personal characteristics by placing an X on the scale. If you are unable to judge, please select "N/A" for Not Applicable.

Characteristics	Very Weak 1	Weak 2	Average 3	Strong 4	Very Strong 5
Communication					
Positive role model					
Relationship with faculty and staff					
Initiative					
Maturity					
Teamwork					

Additional Comments: (use back of page if needed)

Based on your knowledge of the applicant, as well as the type of position for which s/he is applying, please indicate your overall recommendation of how this person will function in this position.

Highly Recommend  Recommend  Recommend with Reservation  Do Not Recommend

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

## Peer Leader Recommendation #2: Additional Reference

**PEER LEADER:**

**Applicant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

The above named applicant retains the right of access to this document unless s/he signed the following waiver:

I hereby waive any and all rights of access to this document which is to be included in my application file for the position of Peer Leader at Monroe Community College. This waiver applies to the Family Educational Rights and Privacy Act of 1974, as amended and any other similar legislation. I understand that this document may not be used for any purpose other than evaluation of my qualifications for the Peer Leader position.

\_\_\_\_\_ **Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EVALUATOR:**

The above-named student has applied for a position as a Peer Leader for 2019-2020. A Peer Leader represents Monroe Community College at campus and college-wide events and must interact with faculty, staff, students, and parents. They must be intelligent, articulate, energetic, creative, and responsible. Most of all, the Peer Leader must be an advocate of the College and have a strong desire to help others. Thank you for your assistance in our selection process.

Name of Evaluator: \_\_\_\_\_

Institution or Business: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this candidate? \_\_\_\_\_ Relationship with candidate: \_\_\_\_\_

How well do you know this candidate?  Very Well  Well  Casual  Not very well

**PERSONAL CHARACTERISTICS:**

Please rate the candidate's abilities on each of the following personal characteristics by placing an X on the scale. If you are unable to judge, please select "N/A" for Not Applicable.

Characteristics	Very Weak 1	Weak 2	Average 3	Strong 4	Very Strong 5
Communication					
Positive role model					
Relationship with faculty and staff					
Initiative					
Maturity					
Teamwork					

Additional Comments: (use back of page if needed)

Based on your knowledge of the applicant, as well as the type of position for which s/he is applying, please indicate your overall recommendation of how this person will function in this position.

Highly Recommend  Recommend  Recommend with Reservation  Do Not Recommend

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_