Peer Leader Recommendation #1: MCC Faculty/Staff Reference

PEER LEADER:			Phone:					
Applicant smanic.				1 Hone				
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 2018-2019. A Peer Leader represents Monroe Community College at all new student events and must interact with faculty, staff, students and parents. They will be involved in Orientations and the First Year Experience Program. They must be intelligent, articulate, energetic, creative and responsible. Most of all, the Peer Leader must have a positive attitude towards the College and 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.								
~~			Average	Strong	Very Strong			
Characteristics	1	2	3	4	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 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 2018-2019. A Peer Leader represents Monroe Community College at all new student events and must interact with faculty, staff, students and parents. They will be involved in Orientations and the First Year Experience Program. They must be intelligent, articulate, energetic, creative and responsible. Most of all, the Peer Leader must have a positive attitude towards the College and 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.								
	Very Weak	Weak	Average	Strong	Very Strong			
Characteristics	1	2	3	4	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 Do Not Recommend Do Not Recommend Do Not Recommend Do Not Recommend Recommend Do Not Recommend Do N								
Signature of Evaluator: Date:								