

2016 Healthy Living Ambassador Recommendation Form

Note to applicant: This should be filled out by the person of your choice. This person must not be related to you (examples: coach, employer, teacher).

Please return this form by March 3, 2016 by email (4hyouthinaction@ucanr.edu) or by mail to Attn: Healthy Living Ambassador Garden Program, 80 Stone Pine Rd. Suite 100, Half Moon Bay, CA 94019

Name of Applicant: _____

Your Name: _____ Relationship to Applicant: _____

How long have you known the applicant? _____

Email: _____ Phone: _____

1. On a scale of 1-5 how would you rate this applicant's ability to follow through on assignments? Circle one: 1 2 3 4 5

2. On a scale of 1-5 how would you rate this applicant's attendance record?
Circle one: 1 2 3 4 5

3. Is this applicant on time? Circle one:
All the time Most of the time Sometimes Never

4. On a scale of 1-5 how would you rate this applicant's ability to be held accountable for their actions? Circle one: 1 2 3 4 5

5. Is this person an independent thinker? Circle one: Yes No

6. On a scale of 1-5 how would you rate this applicant's ability to problem solve and adapt to situations without direction?
Circle one: 1 2 3 4 5

7. When the going gets tough, how would you rate this applicant's ability to persevere and push through challenging situations or circumstances?
Circle one: 1 2 3 4 5

8. On a scale of 1-5 how reliable is this applicant?
Circle one: 1 2 3 4 5

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9. Do you know if this applicant has any experience working with younger children?

If yes please answer following question. Circle one: Yes No

10. On a scale of 1-5, how would you rate this applicant's ability to work with

younger children? Circle one: 1 2 3 4 5

11. Has this applicant held any leadership positions that you are aware of? If yes, which ones? Please also answer the following question.

12. On a scale of 1-5, how would you rate this applicant's leadership abilities? Circle

one: 1 2 3 4 5

13. Is there anything else you would like to add about this applicant?