



Jump-Start 2008-2009 National Student Leadership Team
RECOMMENDATION FORM

Name of Referrer: _____

Name of Applicant: _____

How do you know the Applicant: _____

Phone number: _____

Please rate the applicant on the following characteristics:

1 - needs work 2 - fair 3 - good 4 - great!

1. Leadership: 1 2 3 4

Comments: _____

2. Follow through: 1 2 3 4

Comments: _____

3. Outgoing: 1 2 3 4

Comments: _____

4. Team player: 1 2 3 4

Comments: _____

5. Interpersonal Skills: 1 2 3 4

Comments: _____

6. Why do you think this person should be accepted to the Jump-Start 2008-2009 National Student Leadership Team?

Please feel free to enclose additional information that will tell us more about the candidate. Please fax to 212-727-0254 or email to mdavis@glsen.org.