

**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 April 11th, 2014. Fax to Heidi at 970.304.6452 or mail to Heidi at Weld County Health Department, ATTN: Heidi Musil, 1555 North 17th Avenue, Greeley, CO 80631.