



City Youth Leadership Council

Recommendation Form

Form must be delivered to City Hall, 1134 F Street Lewiston, ID 83501

Youth Applicant: _____

Reference: _____ Relationship to applicant: _____

Mark the appropriate box that indicates how much you agree or disagree with each statement regarding the above mentioned applicant.

Statements	Strongly Disagree	Somewhat Disagree	Disagree	Not Sure	Agree	Somewhat Agree	Strongly Agree
Demonstrates leadership							
Works well with others							
Willing to try new things							
Finishes what he/she starts							
Is a good listener							
Is well organized							
Respects authority							

What is the applicant's strongest attribute?

What other information can you provide to help us determine if this applicant should be considered?
