Blazer Beginnings Orientation Leader
Recommendation Form

Return to: The Office of Orientation / University Center, Centralized Advising, Office Room 1152A.
Attn: Brenda Beasley (245-4378). This form is due by January 26 and can be sent via intercampus mail or delivered to the Orientation Office.

*References must be a faculty, administrative or staff member of Valdosta State.

Applicant Name:________________________________________________________________

Note: The Family Educational Rights and Privacy Act of 1974 open many student records for the student’s inspection. The law also permits the student to waive his/her right to inspect letters of recommendation. The applicant’s signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Applicant’s Signature:________________________________  Date:_______________________

The person named above has applied to work as an Orientation Leader for Blazer Beginnings Orientation Leader for Valdosta State University and is requesting a reference from you. Your recommendation is an important component of the application process and your response to this request is greatly appreciated.

How do you know this applicant?________________________________________________________

Length of time you have known or worked with this applicant: ______________________________

Personal Characteristics: Check all that apply to the candidate.

_____Good Academic Achievement       __________ Accepting of others / Open-minded
_____Charismatic / Creative           ____Cooperative / Flexible
_____Dependable / Reliable           _____Desire to Help Others / Works well with team members
_____Desire to Personally Grow & Develop    ____Enthusiastic / Friendly / Confident
_____Integrity / Honesty             _____Knowledge of Campus Community
_____Leadership Skills / Responsible    ____Listening Skills
_____Mature / Self-Motivated            _____Organized
_____Punctual                           _____Positive Attitude
_____Grammar / Public Speaking Skills
Abilities: Use the following scale to assess the following skills.
   5=Excellent  4=Good  3=Average  2=Fair  1=Unacceptable

_____Ability to manage time and complete tasks on time.
_____Ability to solve problems.
_____Ability to listen and follow directions.
_____Ability to speak in front of small and large groups.
_____Ability to accept responsibility for own actions.
_____Ability to relate well with peers, parents, faculty and/or administrators.
_____Ability to present a positive image of VSU.

_____ I do not recommend.
_____ I recommend with reservations.
_____ I do recommend.
_____ I strongly recommend this applicant.

Your Name: ___________________________________________ Phone: __________________________

Signature ____________________________ Date __________________________

Title/Position: _______________________________________________________________________

Thanks for taking the time to complete this recommendation form.