



City Heroes Recommendation Form

I. TO THE APPLICANT



Please fill out this box and hand this form to your recommender. **Remember, your recommender should be a coach, teacher or adult mentor (not a peer or relative).**

Applicant's Name _____

Address _____

Street Apt. # City State Zip Code

II. TO THE RECOMMENDER



The young person named above is applying to be a participant in **CITY YEAR'S CITY HEROES** program. **CITY HEROES** unites a diverse group of high school students in service-learning activities and leadership development opportunities. Run and led by **CITY YEAR** staff and corps members, **CITY HEROES** work in teams to provide both human and physical community service on one Saturday a month between January & May. The **CITY HEROES** program requires participants to be committed, willing to try new experiences, and exhibit a positive "can-do" attitude. Your input is a very important part of the application process, and we greatly appreciate your assistance.

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN IT TO THE APPLICANT OR MAIL IT TO THE CITY YEAR ADDRESS LISTED BELOW.

Recommender's Name _____

Position and Organization *(if appropriate)*

Telephone _____

Work #

Home #

Relation to Applicant: _____

How long have you known the applicant? _____

Please See Additional Questions on the Back

If you have questions, please contact Angela Baeckeroot at **(313) 874-6892**.

If you are mailing this recommendation form, please send it to the address listed below:

**City Year Detroit
Attn: City Heroes
1 Ford Place, 1F
Detroit, MI 48202**

Thank you for your recommendation!
Please return this form to the applicant or mail it directly to the **CITY YEAR** office!



City Heroes Recommendation Form



I. Rating the Applicant

Please rate the applicant on the following attributes based on a scale of 1-5, with 1 being the lowest rating and 5 being the highest.

| | | | | | |
|--------------------------------|---|---|---|---|---|
| Follows through on commitment: | 1 | 2 | 3 | 4 | 5 |
| Gets along with peers: | 1 | 2 | 3 | 4 | 5 |
| Likes new challenges: | 1 | 2 | 3 | 4 | 5 |
| Has a positive attitude: | 1 | 2 | 3 | 4 | 5 |
| Willing to follow directions: | 1 | 2 | 3 | 4 | 5 |
| Easily motivated: | 1 | 2 | 3 | 4 | 5 |



II. Short Answer Questions

1) What are the first words that come to mind when you think of the applicant? Please explain.

2) City Heroes will be assisting many populations, including people who are elementary school age, senior citizens, physically challenged, hospitalized, and homeless. How well do you think this applicant would work with these groups? Why?

3) Please provide any additional information you wish to share with us regarding the applicant.

Thank you for your recommendation!
Please return this form to the applicant or mail it directly to the **CITY YEAR** office!