Prospective AZYLC Team Leader Information and Application

Success of the AZYLC is determined by the exceptional quality of our team leaders. If you are interested in being considered for a spot as a team leader please respond carefully below to each question. We encourage you to complete this form even if you are unsure of your availability but would like to return. *Without this form we will be unable to consider you for a position as a team leader next year.*

Name:			
Street Address:			
City:	State:	Zip:	
Email Address:			
Home Phone: (_)Cell	l Phone: ()	
Please use the space	es provided to answer the following	gquestions in a few (1-3) bri	ef sentences.
1) If selected, in wh	at ways will you contribute as a tea	m leader?	
2) Please list any re	levant experience that you have ha	d or will have prior to next s	ummer?
3) What was the mo	ost valuable experience you are taki	ing away from this conferen	
	that you would like to tell us?		

This form must be submitted to your team leader by 12pm on the last day of the conference.

For Team Leader Use Only

I recommend this applicant:

With my full Support

□ Tentatively, but I think he/she has growth potential

Not at this time

Please rate this applicant according to the following scale:

1	2	3	4	5
Poor	Fair	Average	Above Average	Excellent

	Score	Comments
 This person was actively involved throughout the week consistently led small group discussions prepared for and participated in lecture 		
 This person knows how to be a team player was able to communicate respectfully with group members paid attention to the needs of group members listened to the ideas of other group members 		
 This person will benefit the counselor team manage their group well participate in counselor meetings and preparation bring a new perspective to counselor team 		
Overall leadership potential		
Total		

Team Leader Name: _____