



## District Youth Representative Recommendation Form

Applicant: Please give this form to a person age 21 or over who is not related to you. You may wish to provide him/her with a stamped, addressed envelope as a courtesy.

(Youth's Name) \_\_\_\_\_ has applied for a Youth Representative position with the Nigerian Dairy Goat Association. This will require a commitment of one year to serve as a youth representative for the NDGA. Please answer the following questions as thoroughly as possible and return this form to the Youth Committee Chairperson James Craft, PO Box 1045, Gilmer TX 75644 December 31st. Please do not allow the applicant to read this letter of recommendation.

1. How long have you known and what is your relationship to the applicant?

\_\_\_\_\_

2. Check the number that best describes the applicant for the following qualities (1 = not at all and 5 = exceptionally), comment as appropriate: Comments:

- |                        |  |  |
|------------------------|--|--|
| Dependable             | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |  |
| Attentive              | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |  |
| Follows Directions     | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |  |
| Responsible            | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |  |
| Dwarf Goat Knowledge   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |  |
| Strong Teamwork Skills | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |  |
| Flexible               | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |  |
| Positive               | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |  |
| Attitude               | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |  |

3. How would you describe the applicant's willingness to learn?

\_\_\_\_\_

4. Is the applicant self-motivated and disciplined? Provide examples if possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe how the applicant interacts with people in general.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued)

6. What can you tell us about the applicant that might assist us in determining his/her qualifications to be chosen as a District Youth Representative?

---

---

---

---

---

Teen's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

Your Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

Thank you for your time and assistance. Please mail by December 31 to:

NDGA Youth Committee Chairperson

James Craft

PO Box 1045

Gilmer TX 75644

E-mail: [firebrandfarms@gmail.com](mailto:firebrandfarms@gmail.com)