

Youth Experience Verification

To the applicant: Complete all of the information inside Section 1 then give the form to the supervisor of the youth experience. *It is not your supervisor's responsibility to fill out any portion of Section 1.* All fields in Section 1 are **required**. Youth Experience forms turned in with missing information will be returned to you and will delay the processing of your application.

Section 1: To be completed by the applicant.

Last Name	First Name	CU Student ID# (if applicable)
Number of Hours Completed:	Dates of Experie	ence:to
Youth experience age group:	Elementary (5-12)Middle Sc	chool (11-15)High School (15-18)
Are you still in the process of co	ompleting your 25 hours? (Choose	from the drop down):
Supervisor's Name:	Agency name:	
Agency Address:		
Agency Phone:		
Section 2: To be completed by	y the youth experience superviso	or.
Based upon your knowledge of the	his applicant, to what degree do the	
Appearance – D	Oresses appropriately.	
Communication	- Actively listens to youth; clearly articular	ulates; appropriately with youth
Cooperation – A	acting on suggestions; assisting others;	seeking help when needed.
	y to identify appropriate opportunities fo n appropriate situations.	or leadership; experts effort productively;
Maturity – Demo	onstrates poise, self-confidence, self-cor	ntrol, self-motivation, and tactfulness.
Management – A	Ability to establish and maintain effective	e environments.
	n – Appropriately interacts with colleague professional standards of this agency.	ues and supervisors; good role model for
Responsibility –		
	- Demonstrates reliability, dependability	, commitment, and courtesy.
•	 Demonstrates reliability, dependability, Awareness of the needs of youth; ra 	•



List the types of direct interaction with youth this applicant experienced under your su	pervision:
What strengths did this applicant demonstrate during his/her involvement with your ag	ency?
What weaknesses did this applicant demonstrate during his/her involvement with your	agency?
I verify that the above information is an accurate assessment of this applicant's involvement with	this agency.
Supervisor's signature:	Date: