

**Drew Honduras Project 2008 - 2010 Trip
Peer/Faculty Evaluation (Required)**

**I. Applicant Information
(To be completed by Applicant)**

Name: _____

Extension: _____ CM Box: _____

I voluntarily waive and relinquish my right of access to this evaluation.

Applicant's signature

Date

**II. Evaluator Information
(To be completed by Evaluator)**

Name: _____

Relation to Applicant: _____

Address: _____ Phone: _____

Evaluator's Signature: _____

**III. Evaluation Comments
(To be completed by Evaluator)**

1) State the nature, duration, and extent of your association with the applicant. _____

2) Please give an overall impression of the applicant. _____

3) Are you familiar with how the applicant reacts in new and possibly stressful situation? If "Yes", please explain.

4) What unique strengths and/or potential for contribution to community service does this applicant possess? Ex: motivation, adaptability, cooperation, maturity, reliability, leadership, etc.

5) Does the applicant have any shortcomings that he or she needs to work on?

6) Do you recommend this applicant to the Drew Honduras Project? Why or Why not?

7) Please provide any additional information you believe would be of interest to us in evaluating this applicant.
