

# Cheerleader/Mascot Recommendation Form

(Each applicant must submit 3 recommendation forms)

\_\_\_\_\_  
Applicants Name (Please Print)

You have been selected to submit a recommendation on behalf of the applicant for the East Central Community College Cheerleading Team. ECCC Cheerleaders and the Mascot must participate in all scheduled practices, meetings, performances, and social appearances on behalf of the college. Please complete the evaluation form below and feel free to attach a letter to make additional comments. Please fax the completed form to 601-635-4099.

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## WAIVER OF ACCESS TO REFERENCE FORMS

*To be completed by applicant*

\_\_\_\_\_ I waive access to these confidential statements and recommendations, which will become property of ECCC

\_\_\_\_\_ I do not waive access to this recommendation form.

\_\_\_\_\_  
Applicant's Signature

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## EVALUATION FORM

*To be completed by reference person*

\_\_\_\_\_  
Name of person completing this form (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
How long have you known the applicant?

Please circle the appropriate number with 1 being the lowest and 5 being the highest rating.  
Make additional comments on the subject if you wish

The applicant related well to other people 1 2 3 4 5

Comments \_\_\_\_\_

The applicants is responsible and trustworthy 1 2 3 4 5

Comments \_\_\_\_\_

The applicant is emotionally well poised 1 2 3 4 5

Comments \_\_\_\_\_

The applicant seems outgoing and generally promotes positive energy 1 2 3 4 5

Comments \_\_\_\_\_

The applicant will be a positive representative for ECCC 1 2 3 4 5

Comments \_\_\_\_\_

ADDITIONAL COMMENTS:

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

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date