

# Recommendation Form: Supervisor



This Supervisor Recommendation Form should be completed by your direct supervisor who oversees your work as a Provisionally Credentialed Youth Peer Advocate in either a paid or volunteer position.

**The applicant completes and signs Part A and then gives this form to their Supervisor who completes and signs Part B. This form will be submitted along with the supervisor's letter of recommendation.**

**A** **APPLICANT:** I authorize FTNYS to contact employers listed on my application to give any and all information concerning my current and previous employment or volunteer experience any pertinent information they may have, personal or otherwise, and hereby release FTNYS from all liability for any damage that may result from utilization of such information.



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

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Date

**B** **SUPERVISOR:** I verify that the above individual is applying for a *Youth Peer Advocate Professional Credential*. I understand that this is a professional credential for individuals providing peer-to-peer youth advocacy and support services. As a part of the credentialing process, the applicant must follow the Youth Peer Advocate Code of Ethics; maintain high professional standards; and, possess the skills necessary to work with young people with social, emotional and/or behavioral challenges (individually and in groups) to guide, assist and empower young people to best meet their needs in collaboration with other providers in the community. As a supervisor of this applicant, I attest that, to the best of my knowledge, the applicant meets these criteria.

Please note that this form and your letter of recommendation will become part of the applicant's credential file, which can be reviewed by the applicant and, if requested by the applicant, provided to future employers.



\_\_\_\_\_  
Supervisor's Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Email Address

\_\_\_\_\_  
Work Phone

How long have you supervised this applicant?

**IMPORTANT!** Please attach your typed letter of recommendation to this form. In your letter, please describe why you feel this individual is/is not a good candidate to be credentialed as a Youth Peer Advocate. **Please specifically describe the applicant's relevant experience, their capacity to support and empower young people, their capacity to work collaboratively with other professionals, and their capacity to work in a manner that is consistent with the principles of Youth Peer Support.**