

MENTAL HEALTH AMBASSADORS REFERENCE FORM

MHA applicants: Please give copies of this form to **two** professors, ASU staff, or other individuals who can speak to your skills in the areas below, and ask them to fill out, put in a sealed envelope, and send to Dr. Denise Lovin at the ASU Counseling Center.

Name of Applicant:

Name of Referee:

Position/Title of Referee:

The above listed student is applying for a position as an ASU Mental Health Ambassador. The MHA program is an ASU Counseling-Center program made up of ASU students who assist in the development and implementation of outreach programs designed to help the campus community become more aware of mental health concerns and to improve the emotional health of students in general. Selected students are trained and supervised to facilitate in the conducting of programs and delivering presentations.

We are seeking students who have excellent communication skills, who learn quickly, and who are responsible, mature, reliable, and cooperative. Your comments regarding this student's qualifications are greatly appreciated. (1 = lowest, 10 = highest)

COMMUNICATION SKILLS:

1 2 3 4 5 6 7 8 9 10

TRAINABILITY:

1 2 3 4 5 6 7 8 9 10

RESPONSIBILITY/DEPENDABILITY:

1 2 3 4 5 6 7 8 9 10

MATURITY/PROFESSIONALISM:

1 2 3 4 5 6 7 8 9 10

COOPERATIVENESS:

1 2 3 4 5 6 7 8 9 10

Feel free to add additional comments:

Reference Signature: _____

Date: _____ Contact Phone Number: _____

Please place this completed reference form in a sealed envelope and send it to Denise Lovin, ASU Counseling Center, Miles Annas Student Support Building, Boone, NC 28608. Thank you for your assistance.