



ALPINE OFFICIAL'S RECOMMENDATION FORM

Use a separate sheet for each recommendation and return to applicable Division AO Chair.

Official's Name: \_\_\_\_\_ Member #: \_\_\_\_\_ is being
(Please print Official's name.)

recommended for advancement from Level \_\_\_ to Level \_\_\_ in the following specialty area:

- Chief of Course, Chief of Race, Competition Official, Jury Advisor, Race Administrator, Referee, Timing & Calculations, Technical Delegate (Start/Finish Referee). Rate on scale of 5 to 1: 5 - Outstanding, 4 - Excellent, 3 - Good, 2 - Average, 1 - Needs Improvement, NA - Not Applicable.

Based on performance at \_\_\_\_\_
(List Race Name and Location)

This Official:

- 1. Has a good working knowledge of race operations as a whole.
2. Is knowledgeable about this position and its responsibilities.
3. Is capable of handling this position unsupervised.
4. Explains duties clearly to other race workers.
5. Is confident and shows initiative in this position.
6. Communicates well with other race workers.
7. Works well with other people.
8. Is well organized and accomplishes assigned tasks in a timely manner.
9. Completes all duties required by this position.
10. (For TC/TD only) is capable of performing all calculations required by this position

Comments - REQUIRED: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Official Capacity of Recommending Official: \_\_\_\_\_ Level \_\_\_\_\_

Signature of Recommending Official (Please Print Name Legibly) Recommendation Date

THIS INFORMATION WILL BE KEPT CONFIDENTIAL. THANK YOU.