

## California 2024 Leadership Farm Bureau

Deadline: January 15, 2024

## **County President's Recommendation Form** (Please type or attach a typed letter)

**Note:** The county president may designate another member of the board of directors to submit a recommendation on his/her behalf as long as the individual has not been asked to submit a personal recommendation for the candidate.

Applicant's Name:
The Leadership Farm Bureau (LFB) program is designed for those who demonstrate leadership potential in agriculture. <i>The LFB selection committee requires a recommendation by the county Farm Bureau president before the applicant can be considered.</i> Please direct your evaluation to the applicant's capability, leadership potential and commitment to agriculture.
Please be candid and objective. This evaluation is critical to the selection committee and represents the county Farm Bureau's position and attitude toward the applicant's leadership potential. No one other than the LFB selection committee will see this recommendation. It is extremely confidential and will remain with the application on file.
Return this completed form to:
Ryan Amaral (ramaral@cfbf.com) by January 15th
How familiar are you with the applicant?
(If you checked "somewhat" or "not at all," please consult with other county leaders who know the applicant well and/or interviewed him/her before completing this form.)
Describe the applicant's leadership achievements in Farm Bureau and the community:



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## In evaluating the following categories, "superior" should be used sparingly and only when truly warranted. "Excellent" is a strong rating; "good," "fair" and "poor" are self-explanatory. <u>Superior</u> Excellent Good <u>Fair</u> <u>Poor</u> Esteem in which the applicant is held in the community and/or Farm Bureau Communication skills Leadership potential Ability to work with others Overall assessment of applicant's leadership potential Additional comments: Presidents Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County:\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature:\_\_\_\_\_

Date: \_\_\_\_\_