

Reference Form for Volunteer Applicant

Oregon State University – Linus Pauling Institute – Healthy Youth Program

NAME: _____ is applying to be a volunteer with the OSU Linus Pauling Institute's Healthy Youth Program, and has given you as a reference.

The Healthy Youth Program asks for your help in selecting well-qualified people to serve in volunteer roles. Please complete and return this reference form as quickly as possible. To the extent allowed by law, information you provide will be treated in a confidential manner.

If you have questions or additional comments, you are welcome to call Casey Bennett at (541) 737-8014.

1. How long have you known the applicant? _____ Years / _____ Months
2. What is your relationship to the applicant? _____
3. Please rate how you would rate the applicant in each of the following qualities:

	Excellent	Good	Fair	Poor	Unknown	Comments
Understands children						
Communication skills						
Personal initiative						
Respect for others						
Positive attitude						
Sense of fairness						
Role model						
Sensitivity						
Flexibility						
Resourcefulness						
Patience						
Dependability						
Ability to complete a task						
Ability to organize						
Enthusiasm						
Sense of humor						

Please share your opinions and knowledge of the applicant's qualifications for a volunteer role, by using specific examples whenever possible.

4. Describe how well the applicant interacts and works with children/youth:

5. Describe how well the applicant interacts and works with adults:

6. How would you describe the applicant's ability to handle records and/or money?
- Very good. I would trust this person with my organization's money and financial records.
- Fair. The person would do O.K., but would need some help.
- Poor. Handling money and financial records is a problem for this person.
- Not Applicable
7. What other strengths would this applicant bring to a volunteer role in a program like this?
8. What difficulties might this applicant have fulfilling a volunteer role that needs to be focused on positive youth development or safety?
9. Describe how effective this applicant might be, when working with people who may have a disability, different values, religion, economic background, culture, or traditions?
10. What additional skills, abilities, and attributes does the applicant have that would be helpful in a volunteer position?
11. Would you be willing to place your child, or any other child for whom you are responsible, under his/her supervision?
- Yes No Maybe Comments:
12. Do you have any reason(s) why this person should **not** be considered for this position? If yes, please explain.
- No
- Yes
13. Would you recommend this applicant to be a volunteer in this program?
- () Yes, definitely () Yes () Yes, hesitantly () No Comments:

Reference Name: _____ Phone: _____

Address: _____
(RR, Str., Apt.) (Town) (State) (Zip)

E-Mail: _____

Signature: _____ Date: _____

Thank you for helping identify volunteers to approve for OSU programs.

Return Volunteer Reference Form by mail, e-mail, or fax to :

Healthy Youth Program
Linus Pauling Institute
307 Linus Pauling Institute
Corvallis OR 97331
Email: hyp@oregonstate.edu
Fax: (541) 737-5077

For Office Use: