



Reference Form for Volunteers

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 Caitlyn Reilley at (541) 737-8014.

How long have you known the applicant? Years / Months

What is your relationship to the applicant?

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

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

Describe how well the applicant interacts and works with adults:

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						



Oregon State
University

Linus Pauling Institute | Healthy Youth Program |
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What other strengths, skills and abilities could this applicant bring to a volunteer role in a program such as this?

What difficulties might this applicant have fulfilling a volunteer role that needs to be focused on positive youth development or safety?

Describe how effective this applicant might be, when working with people who may have a disability, different values, religion, economic background, culture, or traditions?

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:

Do you have any reason(s) why this person should not be considered for this position? If yes, please explain.

Would you recommend this applicant to be a volunteer in this program?

() Yes, definitely () Yes () Yes, hesitantly () No Comments:

**Submit at applications to hyp@oregonstate.edu or
311 Linus Pauling Science Center**