



For office use only: Placement _____

Volunteer Coordinator (860) 231-2830 ext. 38
950 Trout Brook Dr., West Hartford, CT 06119-1437
Fax (860) 232-0705, www.thechildrensmuseumct.org

Reference for Student Volunteer Service

Student:

Please PRINT your name and address below and give this form to a teacher, school guidance counselor, or other adult whom you have known at least one year and is not a relative (for example, employer, coach, religious teacher, or supervisor).

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Referring Party:

The student named above is applying for volunteer work at The Children's Museum. References are an important part of the application process. Your honest input is essential to the selection process. Please complete this form and return to the Children's Museum in a sealed envelope. This reference is confidential and will become part of the student's file with us. Thank you very much for your time and assistance.

Please check all responses that apply to this student and write comments wherever an explanation would be helpful.

Dependability

This student completes tasks...

___ Always on time

___ Usually on time

___ Needs extensions

___ Often misses deadlines

Organization

When multiple tasks are given, the student...

___ Organizes and completes assignments

___ Needs guidance as to where to begin

___ Seems to be overwhelmed and frustrated

___ Becomes discouraged and gives up

Punctuality and Attendance

Expectations are met by arriving...

___ Always there and on time

___ Usually on time

___ Occasionally tardy or absent

___ Often late or absent

Communication

When verbally communicating with others, the student...

___ Clearly and thoroughly expresses ideas

___ Is sometimes an effective speaker

___ Needs prompting

___ Is uncomfortable speaking in groups

Maturity

When faced with a challenge, the student...

___ Is a reliable decision maker

___ Usually sees the big picture

___ Needs guidance

___ Makes inconsistent decisions

Cooperation

When placed in groups, the student...

___ Does his/her share and is respectful of others

___ Usually works well and is able to compromise

___ Has difficulty working with others

___ Is disrespectful of others

Professionalism

(S)he represents your institution/organization...

___ Respectfully at all times

___ Usually with respect

___ Inconsistently respectful

___ Often needs reminders of representation

Sensitivity

The student approaches personal differences (ex. culture, age, disability)...

___ With ease and acceptance

___ With hesitation

___ Through inexperience

___ With intolerance

Strengths:**Weaknesses:****Any additional comments:**

Signature: _____

Date: _____

Name: _____

Daytime Phone: _____

Relationship to student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please return this form to:

Volunteer Coordinator, The Children's Museum, 950 Trout Brook Drive, West Hartford, CT 06119 or FAX (860) 232-0705. Please contact the Volunteer Coordinator at (860) 231-2830 ext. 38 if you have questions about this form or need further information about our Volunteer Program. Thank you for your help.