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

Punctuality and Attendance
Expectations are met by arriving…

___Always there and on time
___Usually on time
___Occasionally tardy or absent
___Often late or absent

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

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. 380 if you have questions about this form or need further information about our Volunteer Program. Thank you for your help.