



For office use only: Placement \_\_\_\_\_

Volunteer Coordinator (860) 231-2830 ext. 380  
950 Trout Brook Dr., West Hartford, CT 06119-1437  
Fax (860) 232-0705, www.thechildrensmuseumct.org

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