

*** CONFIDENTIAL ***



Volunteer Reference Form

To be completed by adult non-relative of applicant.

Date _____, 20____

Print Volunteer Name (last) (first) (middle/maiden)

has applied to be a volunteer at Explorations V Children's Museum. Your kindness in completing and returning the following information would be greatly appreciated.

Please indicate your rating of the applicant on the following traits by placing a (✓) in the appropriate box by each trait.

Table with 6 columns: Trait, Outstanding, Satisfactory, Needs Improvement, Unsatisfactory, Unable to Rate. Rows include Appearance, Attendance/Punctuality, Attitude, Initiative/Resourcefulness, Judgement, Maturity, Ability to Relate to Children, Ability to Relate to Peers, Trustworthiness.

Length of association: _____ years

What is the nature of your association (friend, teacher, employer, etc.)? _____

Would you employ the volunteer services of this person? _____

Would you recommend this person to volunteer with/around children? _____

Additional Comments: _____

Signature Title/Occupation Date 20____

Name (print or type) Place of Employment

Please explain any trait marked as unsatisfactory or unable to rate. Use back of this page and additional sheet if necessary.

Please return by mail to: Volunteer Coordinator Explorations V Children's Museum 109 North Kentucky Avenue Lakeland, FL 33801