MSU Extension Volunteer Mail Reference Form

____________________ is applying as an MSU Extension volunteer to work with youth aged 19 and under and/or with adults who have severe mental, physical or emotional disabilities. He or she has given your name as a reference, with approval for you to release information about him or her.

Adults in volunteer positions help individuals have fun while learning new skills, increasing their abilities to work together, managing their own activities and developing into productive adults. MSU Extension seeks your help in providing information about people to serve in volunteer roles and will appreciate your prompt completion of this reference form. Please return it in the enclosed, preaddressed, stamped envelope.

Use this checklist to evaluate the applicant’s qualities. Use the following marking system:

E = Excellent  G = Good  F = Fair  U = Unknown

___Understanding children  ___Ability to organize  ___Flexibility  ___Dependability

___Understanding persons with disabilities  ___Sense of humor  ___Initiative  ___Enthusiasm

___Ability to complete a task  ___Sense of fairness  ___Patience  ___Communication skills

___Resourcefulness  ___Honesty  ___Respect for others

Share your impression and knowledge of the applicant’s qualifications for the position by using specific examples where possible.

1. How long have you known him or her?

________________________________________________________________________
________________________________________________________________________

2. Please comment about this person’s ability to work with young people or vulnerable adults.

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________________________________________________________________________
________________________________________________________________________

3. Please comment about his or her sense of responsibility and follow-through on commitments.

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
4. Please comment about this person’s leadership skills, organizational skills, people skills, etc.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Are there any reasons why you feel this person would be an unsuitable volunteer to be working with youth and/or adults with disabilities?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Would you be comfortable having your child, or individuals you know, under this person’s guidance? Why?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Has this person ever been convicted of a crime of which you are aware?

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________________________________________________________________________
________________________________________________________________________

Any other comments. Please attach an additional sheet if you need more space.

________________________________________________________________________
________________________________________________________________________

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Name (please print) _____________________________________________________

Signature ____________________________ Date ________________

Daytime phone (____) __________________________

Thank you!

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