

UNIVERSITY OF ILLINOIS EXTENSION VOLUNTEER REFERENCE FORM

_____ is applying to work with girls and boys through the 4-H program and has given your name as a reference.

The mission of the Illinois 4-H Youth Development program is to help youth learn skills for living. Adult volunteers assist youth to learn by providing an informal learning structure through which they can establish learning goals, acquire knowledge, practice skills, develop new attitudes, and learn to apply these skills to new situations.

University of Illinois Extension seeks your assistance in selecting the best qualified people to serve in leadership roles for youth. We appreciate your prompt completion of this reference form sharing your candid observations about the applicant. **All comments will be treated in a confidential manner.**

Indicate how long and in what capacity or position you have known the applicant.

Please use this checklist to evaluate the applicant's leadership qualities. Use the following marketing system: **E = Excellent** **G = Good** **F = Fair** **N = Not known**

Understanding of Children	_____
Dependability	_____
Flexibility	_____
Communication Skills	_____
Sense of Humor	_____
Patience	_____
Ability to Organize	_____
Sense of Fairness	_____
Initiative	_____
Respect for others	_____
Enthusiasm	_____
Resourcefulness	_____

(over)

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples where possible.

1. Does the applicant have the ability to work in a leadership role with youth? Other adults?

2. What additional skills, abilities, and attributes does the applicant have that would be helpful working with youth?

3. Describe any experience the applicant has had working with ethnic minorities, low-income audiences, people with disabilities, or cultural differences.

4. Is the applicant organized in handling records and/or money?

5. How would you describe the applicant's general outlook and stability?

6. Would you be willing to place your son or daughter, or any other child for whom you are responsible, under his/her leadership? () Yes () No
Why?

7. Do you know any reasons why this person should NOT be considered for this position?
() Yes () No
Why?

Name _____

Signature _____

Date _____

Thank You!

Return to:

Date Received _____

McLean County Extension Office
1615 Commerce Parkway
Bloomington, IL 61705