



## OMSI Youth Volunteer Reference Form

Please complete and return by mail, fax or email to: OMSI Volunteer Services, 1945 SE Water Ave, Portland, OR 97214, Fax (503) 797-4568, email at volunteerservices@omsi.edu. Mailed forms from teachers or other school personnel should be in a school envelope.

**Reference Name:**  
**Applicant Name:**  
**Relationship to Applicant:**

### Please Evaluate the Applicant

**Scale:** U= unknown 1= poor 2= fair 3= average 4= good 5= excellent 6= outstanding

RATING		COMMENTS
Oral Communication skills		
Common sense		
Dependability		
Sense of responsibility		
Self motivation		
Ability to work independently		
Interactions with classmates		
Maturity Level		
Cooperation		
Rapport with young children		
Classroom behavior		
Ability to follow directions		
Regard for authority		
Adaptability		
Creativity		

**I recommend this applicant to volunteer at OMSI**

with great enthusiasm     
  with confidence     
  with reservations (please explain why)

**Do you know of any special interests, qualities, abilities, or experience this applicant has which would be helpful for us to be aware of?**

*Please sign and date before submitting the form.*

I certify that I have completed this form to the best of my knowledge.

**Reference Signature:** ..... **Date:** .....

*Typed name accepted as signature*