FORM 5: Although county identification can be added to this form, the content that follows should not be changed.

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
___ Ability to complete a task  ___ Sense of humor  ___ Initiative  ___ Enthusiasm
___ Sense of fairness  ___ Resourcefulness  ___ Honesty  ___ Respect for others
___ Communication skills  ___ Patience  ___ Understanding persons with disabilities

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.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

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

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
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?

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name (please print) ____________________________

Signature ____________________________ Date _____________

Daytime phone (___________) _____________________________

Thank you!

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