



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 2019 OUTBOUND PROGRAM – REFERENCE FORM

PRINT IN DARK INK OR TYPE

Delegate's Name: _____ State: _____

The individual above has applied to participate in a foreign exchange program. Selected delegates will spend four to eight weeks living with a host family in an unfamiliar culture. Your thoughtful evaluation of the applicant's ability to assume this role will be much appreciated.

Thank you for providing this reference. All information is confidential.

Interpersonal Relations: As you observe this applicant in relation to other people, is this individual usually:
(specify "Yes" or "No" and/or comments, please)

Cooperative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Looked to for guidance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respectful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outgoing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sensitive towards others	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

How does this applicant react to:

Physical Discomfort: _____

Stress/Pressure: _____

Sudden changes in schedule: _____

Awkward and embarrassing situations: _____

In comparison with persons you have known, how would you rate the applicant in the following areas:

	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Top 10%</u>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm/Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for participation?

☐ YES

☐ NO

Additional Comments (Use the back of this page if necessary) _____

Signature: _____ Printed Name: _____ Date: _____

Title: _____ Telephone: () _____

Relationship to Applicant: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____