



This form must be completed by an adult who is not a relative and knows the applicant well, such as a teacher, advisor, employer, group leader, neighbor, coach or administrator. Fill in applicant name and contact information below **before** giving this form to your reference. Please give your reference at least two weeks to complete the form and remember to thank them for their help. In order for you to be considered for the Youth Volunteer Program, this completed form must be received by **March 31<sup>st</sup>**. Please send to the address listed above.

Applicant Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Reference \_\_\_\_\_ Date: \_\_\_\_\_

### To Adult Giving the Reference:

The applicant below is applying to the Youth Volunteer Program at the Oregon Coast Aquarium. The program is for young adults entering the 9<sup>th</sup> grade – 12<sup>th</sup> grade, who have an interest in the marine environment and animals. The applicants we select should show a desire and ability to teach others and willingness to commit to the program and fulfill its requirements. The focus of their work will be public education and team projects.

We would appreciate your candid responses, which will be kept confidential. Your comments will aid us in selecting a committed group of teens. Thank you for your valuable time and assistance.

#### 1. Please read the following statements about the applicant and rate upon your experience with the individual.

	Strongly agree	Somewhat agree	Do not know	Somewhat disagree	Strongly Disagree
Has Strong Communication Skills	5	4	3	2	1
Open to new people and experiences	5	4	3	2	1
Adapts to challenging or changing environments	5	4	3	2	1
Demonstrates initiative and dedication	5	4	3	2	1
Demonstrates leadership ability	5	4	3	2	1
Shows sense of responsibility	5	4	3	2	1
Ability to work independently	5	4	3	2	1
Interacts well with peers	5	4	3	2	1
Ability to follow directions	5	4	3	2	1
Possesses a good sense of humor	5	4	3	2	1



# OREGON COAST AQUARIUM NEWPORT

## APPLICANT REFERENCE - SHORT ANSWER

Please provide thoughtful and clear answers to the following questions. If necessary, please attach additional pages.

2. What is this applicant's greatest strength? \_\_\_\_\_

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3. What is the applicant's most significant limitation with respect to this program? \_\_\_\_\_

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

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5. To what extent do you recommend this applicant to the Youth Volunteer Program?

- ☐ With no reservations
- ☐ With some reservations
- ☐ With significant reservation

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference's Name (Printed): \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Postal Address: \_\_\_\_\_



For more information, see our website at [www.aquarium.org](http://www.aquarium.org) or contact the Oregon Coast Aquarium:  
[volunteer@aquarium.org](mailto:volunteer@aquarium.org) or 541-867-3474 x5312