

YouthALIVE! VolunTEEN Program
Children's Museum Pittsburgh

Adult Referral Form *(teacher, counselor, mentor, etc)*

Student Name (Please Print): _____

Adult Name (Please Print): _____

Name of School/Affiliation: _____

Phone number or Email: _____

The above student is interested in the YouthALIVE! VolunTEEN Program. Participants in this program are high school students trained to volunteer in the Museum working closely with visitors and working together on group activities in the arts and sciences. The students are expected to make a commitment to volunteer a minimum of 8 (10 maximum) hours per week. Students should be able to work in groups and enjoy creative activities. *We would appreciate your candid responses, which will be kept confidential.* **If you have any questions regarding the program, please call the HR & Volunteer Coordinator at the number listed below.**

Thank you for your valuable time and assistance. This program is very important to us and your comments aid us in selecting a diverse and committed group of students. **Once completed, please give this form to the student in a sealed envelope, fax or mail back. Contact information listed below.**

JuWanda Thurmond
HR & Volunteer Coordinator
Children's Museum of Pittsburgh
10 Children's Way – Pittsburgh, PA 15212
412-322-5058 Ext. 238
Fax: 412-322-4932

1. How long have you known this student?

2. Which best describes the student's relationship with his/her peers?

____ Shows leadership and takes charge

____ Prefers to be alone

____ Reserved

____ Is easily accepted

3. Do you know of any special interests, qualities, abilities, disabilities, or experiences of this student which would be helpful for us to know?

4. Please evaluate the student:

1=Outstanding 2=Excellent 3=Good 4=Average 5=Fair 6=Below Average

Oral Communication	1	2	3	4	5	6
Common Sense	1	2	3	4	5	6
Creativity	1	2	3	4	5	6
Dependability	1	2	3	4	5	6
Sense of Responsibility	1	2	3	4	5	6
Regard for Authority	1	2	3	4	5	6
Cooperation	1	2	3	4	5	6
Behavior in Group	1	2	3	4	5	6
Ability to follow Directions	1	2	3	4	5	6

5. I recommend this student for the YouthALIVE! VolunTEEN program:

____with great confidence and enthusiasm

____with confidence

____with some confidence

____with reservation

____I do not recommend this student

6. Additional comments:

Adult Signature _____ Date _____

Thank you for your cooperation!