



# Youth Volunteer Reference Questionnaire

Please print clearly.

Once completed, please email this form to [Volunteers@museumofflight.org](mailto:Volunteers@museumofflight.org).

**Applicant's Name:** \_\_\_\_\_

Please circle a number ranging from 1 to 5, with 5 being the highest, that reflects your opinion of this prospective volunteer. Few people will fall in the highest or lowest categories. Use the extremes to indicate a significant impression about this person.

Qualities	Low	Average	High		
<b>Dependable</b> Follows through with commitments.	1	2	3	4	5
<b>Judgement</b> Displays discernment.	1	2	3	4	5
<b>Flexibility</b> Adapts to change.	1	2	3	4	5
<b>Team Player</b> Gets along well with others.	1	2	3	4	5

How long have you known this applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

What are the applicant's greatest strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what areas do you see room for growth/development?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, is this applicant a good candidate to volunteer at The Museum of Flight?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: *(print please)* \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Once completed, please submit this questionnaire to Volunteer Services via:**

- **Email:** [Volunteers@museumofflight.org](mailto:Volunteers@museumofflight.org)
- **Fax:** 206.764.5707
- **Mail:** The Museum of Flight, Attn: Volunteer Services, 9404 East Marginal Way South, Seattle, Washington 98108

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## Questions?

If you have questions about this questionnaire, please contact:

**Volunteer Services**

Direct: 206.768.7179

Email: [Volunteers@museumofflight.org](mailto:Volunteers@museumofflight.org)