This student is applying to be part of the Friends of the Zoo’s teen volunteer program at Dickerson Park Zoo. We appreciate your candid responses to the questions below, which will be kept confidential. As a ZooTEEN, the student will have opportunities to interact with children in our classroom programs and with zoo guests, as well as help zookeepers with some cleaning and feeding responsibilities. The majority of the student’s volunteer time at the zoo will take place in the summer, but there will be volunteer opportunities year-round. This reference needs to be returned to student to accompany their application. Please place the letter in a sealed envelope with your signature across the flap.

We appreciate your time and assistance. If you have any questions about the program, please contact Emily Lansche Katski (elanske@dickersonparkzoo.org, 417-833-1570).

Reference Contact

Name ____________________________________________________________

School/Facility ______________________________________________________

Email ______________________________________________________________

Phone Number ______________________________________________________

1. In what capacity and for how long have you known the applicant? ______________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

2. Which best describes the applicant’s relationship with his/her peers?
   ☐ Shows Leadership  ☐ Reserved
   ☐ Prefers to be alone  ☐ Is easily accepted by peers

Please explain your choice: ______________________________________________

______________________________________________________________________

______________________________________________________________________

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

______________________________________________________________________

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______________________________________________________________________
4. Please evaluate the applicant to the best of your abilities.

1=Outstanding  2=Good  3=Average  4=Below Average  5=Poor  6=Very Poor  U=Unknown

Oral communication skills ...................... 1 2 3 4 5 6 U
Common sense .................................... 1 2 3 4 5 6 U
Curiosity .......................................... 1 2 3 4 5 6 U
Creativity ......................................... 1 2 3 4 5 6 U
Dependability ..................................... 1 2 3 4 5 6 U
Sense of responsibility ......................... 1 2 3 4 5 6 U
Self-motivation ................................... 1 2 3 4 5 6 U
Perseverance ...................................... 1 2 3 4 5 6 U
Ability to work independently ............... 1 2 3 4 5 6 U
Reaction to criticism ......................... 1 2 3 4 5 6 U
Regard for authority .............................. 1 2 3 4 5 6 U
Regard for rules .................................. 1 2 3 4 5 6 U
Cooperation ....................................... 1 2 3 4 5 6 U
Flexibility ......................................... 1 2 3 4 5 6 U
Sensitivity to others’ feelings .............. 1 2 3 4 5 6 U
Behavior in a group ............................. 1 2 3 4 5 6 U
Ability to follow directions ................. 1 2 3 4 5 6 U
Problem-solving skills ....................... 1 2 3 4 5 6 U

Additional Comments: __________________________________________________________

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Signature __________________________ Date __________

Please place this form in a sealed envelope, sign over the edge of the flap, and return it to applicant.