



2024 Reference Form

Applicant's Name _____

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 (elansche@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? _____

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: _____

Signature

Date

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