



Youth Volunteer Reference Questionnaire

Please print clearly.

Once completed, please email this form to 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		
Dependable Follows through with commitments.	1	2	3	4	5
Judgement Displays discernment.	1	2	3	4	5
Flexibility Adapts to change.	1	2	3	4	5
Team Player 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:

Signature: _____ Date: _____

Name: *(print please)* _____ Phone: _____

Email: _____

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

- **Email:** volunteers@museumofflight.org
- **Fax:** 206.764.5707
- **Mail:** The Museum of Flight, Attn: Volunteer Services, 9404 East Marginal Way South, Seattle, Washington 98108

Questions?

If you have questions about this questionnaire, please contact:

Volunteer Services

Direct: 206.768.7179

Email: volunteers@museumofflight.org