



# Adult 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><br>Follows through with commitments. | 1   | 2       | 3    | 4 | 5 |
| <b>Judgement</b><br>Displays discernment.              | 1   | 2       | 3    | 4 | 5 |
| <b>Flexibility</b><br>Adapts to change.                | 1   | 2       | 3    | 4 | 5 |
| <b>Team Player</b><br>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?

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

Are you aware of any reason the applicant should not be working with children?

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

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: \_\_\_\_\_

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**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)