

# Cornell Cooperative Extension of Tompkins County Volunteer Applicant Reference Questionnaire

Applicant's Name \_\_\_\_\_ Your Email: \_\_\_\_\_

Volunteer Position desired \_\_\_\_\_

Your Name \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

1. How long have you known the applicant and in what capacity? \_\_\_\_\_

\_\_\_\_\_

2. Do you think the applicant would do well as a Cornell Cooperative Extension \_\_\_\_\_?  
(Title of Position)

Please explain why or why not. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please use this chart to evaluate the applicant's qualities.

	Excellent	Good	Fair	Not Known
Understanding of (population the volunteer will be serving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to organize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills, openness,				

acceptance of others

3. Do you feel the applicant is a good communicator? Consider verbal and written communication skills. \_\_\_\_\_

4. How does this person respond to stressful situations? \_\_\_\_\_  
\_\_\_\_\_

5. Are you aware of anything that might make the applicant ineffective or *unsuitable* in a volunteer relationship with other people? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

6. **(Include this question only if applicant would do ongoing unsupervised work with minors, individuals over 65, or individuals with disabilities.)** Would you be willing to place a child or vulnerable adult whom you were responsible for under this person's leadership? \_\_\_\_yes \_\_\_\_no  
If not, please explain. \_\_\_\_\_  
\_\_\_\_\_

7. If you have ever ridden in a vehicle driven by the applicant were you comfortable with the way this person drove? If not, please explain. \_\_\_\_\_

8. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your candid opinion. Be assured that your comments will be held in strictest confidence to the fullest extent permitted by law.**

**Signature of interviewer** \_\_\_\_\_ **Date:** \_\_\_\_\_

