



Junior Volunteer Recommendation Form

To be completed by a professional/adult who is not a relative (teacher, coach, supervisor, pastor, etc.)

Applicant's Name: _____ School: _____

Applicant's Email: _____ Applicant's Phone: _____

Your Name: _____ Daytime Phone: _____

E-Mail Address: _____ Preferred method to be contacted: _____

The VLM Junior Volunteer Program is a program for teenagers to learn how to engage and educate the public on wildlife and conservation. The students we select must show the desire and ability to teach others and be willing to commit their time. We would appreciate your *candid response*, which will be kept confidential. Your comments will aid us in selecting a diverse and committed group of students. If you have any questions regarding the program, please call: 757-534-7428.

In what capacity and for how long have you known this applicant? _____

Please evaluate the student:

Leadership Potential	excellent	good	average	fair	poor	unknown
Outgoing/Friendly	excellent	good	average	fair	poor	unknown
Responsibility	excellent	good	average	fair	poor	unknown
Works Independently/Stays on Task	excellent	good	average	fair	poor	unknown
Shows Initiative	excellent	good	average	fair	poor	unknown
Regard for Authority	excellent	good	average	fair	poor	unknown
Cooperation/ Flexibility	excellent	good	average	fair	poor	unknown
Follows Directions	excellent	good	average	fair	poor	unknown
Attention to Detail	excellent	good	average	fair	poor	unknown
Social Interaction Skills	excellent	good	average	fair	poor	unknown

1. Describe how this applicant interacts with other students and adults: _____

2. If you were responsible for providing guests with courteous, personalized service and accurate information, would you have any reservations about having this applicant represent you? Why or why not?

I recommend this applicant to the VLM Junior Volunteer Program: (please circle one)

with great confidence with some confidence with reservations I do **not** recommend

Additional Comments: _____

Signature: _____ Date: _____

***THIS FORM MUST BE SUBMITTED TO THE VIRGINIA LIVING MUSEUM
SEPARATELY FROM THE APPLICATION BY RECOMMENDER.**

MAIL TO: Virginia Living Museum
Attn: Volunteer Services
524 J. Clyde Morris Blvd.
Newport News, VA 23601

OR

FAX TO: (757)-599-4897

EMAIL TO: volunteer@thevlm.org