## Adult 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.

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Low</th>
<th>Average</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dependable</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Follows through with commitments.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Judgement</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Displays discernment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Flexibility</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adapts to change.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Team Player</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Gets along well with others.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

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

- Email: volunteers@museumofflight.org
- Fax: 206.764.5707

Questions?

If you have questions about this questionnaire, please contact:

**Volunteer Services**
Direct: 206.768.7179
Email: volunteers@museumofflight.org