



Youth Outdoors Fellowship Program Reference Form

To The Reference:

This student is applying to Cleveland Metroparks Youth Outdoors Fellowship Program. The students we select for this program must have a sincere interest in career development and outdoor exploration, the maturity to work independently and make a biweekly commitment during the school year.

We appreciate your candid responses, which will be kept confidential. Please complete both sides of this form. Thank you for your valuable time.

If you have any questions, please contact the Youth Outdoors Fellowship Coordinator at (216) 206-1010.

To the Student:

Please give a copy to a teacher (current or recent past) or an adult who knows you well, but is not a family member.

Please be sure to give these forms out at least two weeks before the application deadline. If the form is returned to you in a sealed envelope, please do not open it.

No applications will be considered unless an application and completed reference form are returned to Youth Outdoors Fellowship Program.

Student's Name: _____ School: _____

Reference's Name: _____

1. How long have you known this student? _____
2. In what capacity have you known this student?
3. Do you know of any special interests, qualities, abilities, experiences, etc. of this applicant that would be helpful for us to know about?
4. How would you describe this student's relationship with their peers?
5. How would you describe this student's relationship with adults?

lease evaluate the student:

Scale: **1= outstanding** **2=very good** **3=average** **4=below average** **U=unknown**

ORAL COMMUNICATION	_____
ABILITY TO ANALYZE A PROBLEM	_____
CURIOSITY	_____
CREATIVITY	_____
DEPENDABILITY	_____
SENSE OF RESPONSIBILITY	_____
SELF MOTIVATION	_____
ABILITY TO WORK INDEPENDENTLY	_____
REACTION TO CRITICISM	_____
REGARD FOR AUTHORITY	_____
COOPERATION WITH PEERS	_____
ADAPTABILITY	_____
SENSITIVITY TO OTHERS' FEELINGS	_____
ABILITY TO FOLLOW DIRECTIONS	_____
PERSEVERANCE	_____

I would recommend this student to the Youth Outdoors Fellowship program:

with enthusiasm

with reservation* (please explain below)

do not recommend *(please explain below)

Additional Comments:

Signature _____

Phone _____ May we contact you if necessary? _____

E-mail _____

Return reference forms to:

Email yofp@clevelandmetroparks.com

Fax to 216-341-9230 (Attention: Youth Outdoors Fellowship Program)