



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.


Qualities	Low		Average		High
Dependable Follows through with commitments.	1	2	3	4	5
Judgement Displays discernment.	1	2	3	4	5
Flexibility Adapts to change.	1	2	3	4	5
Team Player 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?

More 

Additional comments:

Signature: _____ Date: _____

Name: *(print please)* _____ Phone: _____

Email: _____

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

- **Email:** Volunteers@museumofflight.org
- **Fax:** 206.764.5707
- **Mail:** The Museum of Flight, Attn: Volunteer Services, 9404 East Marginal Way South, Seattle, Washington 98108

Questions?

If you have questions about this questionnaire, please contact:

Volunteer Services

Direct: 206.768.7179

Email: Volunteers@museumofflight.org