



Personal Reference Form

Name of Applicant: _____

Name of Reference: _____

Email Address: _____

Address: _____

Signature: _____

Date: _____

Please answer the questions below:

The above named person has made application to volunteer for SOAR Illinois, a Raptor Rehabilitation facility and is requesting you to serve as a reference. Please comment on the following.

Length of time you have known the applicant: _____

Capacity in which you know applicant: _____

Please rate the applicant in each of the attributes listed below:

Personal	Outstanding	Above Average	Average	Below Average	Not Observed
Dependability Follows through on commitments	4	3	2	1	N
Self-confidence Carries out actions with assuredness	4	3	2	1	N
Integrity Functions on the basis of accepted ethical standards	4	3	2	1	N
Flexibility Changes or modifies behavior when appropriate	4	3	2	1	N