



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS OUTBOUND PROGRAM – REFERENCE FORM

PRINT IN DARK INK OR TYPE

Delegate's Name: _____ State: _____

The individual above has applied to participate in a foreign exchange program. Selected delegates will spend four to eight weeks living with a host family in an unfamiliar culture. Your thoughtful evaluation of the applicant's ability to assume this role will be much appreciated.

***Thank you for providing this reference.
All information is confidential.***

Interpersonal Relations: As you observe this applicant in relation to other people, is he/she usually:
(specify "Yes" or "No" and/or comments, please)

Cooperative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Comments:</u>
Looked to for guidance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Respectful	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Outgoing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sensitive towards others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

How does this applicant react to:

Physical Discomfort: _____
 Stress/Pressure: _____
 Sudden changes in schedule: _____
 Awkward and embarrassing situations: _____

In comparison with persons you have known, how would you rate the applicant in the following areas:

	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Top 10%</u>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm/Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for participation?

- YES
 NO

Additional Comments (Use the back of this page if necessary) _____

Signature: _____ Printed Name: _____ Date: _____

Title: _____ Telephone: () _____

Relationship to Applicant: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____