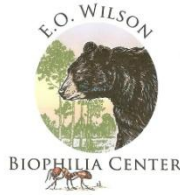


Volunteer Name: \_\_\_\_\_

**Volunteer Reference Form  
for  
The E.O. Wilson Biophilia Center**



Reference Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. *How do you know this volunteer?*

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2. *How long have you known this volunteer?* \_\_\_\_\_

3. *What strengths or weaknesses does this volunteer have that might impact how he/she would perform at the E.O. Wilson Biophilia Center?*

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4. *Do you have any reservations recommending this volunteer to work with school age children who will be visiting the E.O. Wilson Biophilia Center?*

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5. *Further Comments:*

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Please rate the volunteer, using the scale below, in the following areas:

	<u>Poor</u>		<u>Good</u>		<u>Excellent</u>
<b>COMMUNICATION SKILLS</b> (Ability to express themselves clearly, concisely)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Comments: \_\_\_\_\_

<b>LISTENING SKILLS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Comments: \_\_\_\_\_

<b>CONFLICT RESOLUTION SKILLS</b> (Ability to be objective and to bring parties to the table)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Comments: \_\_\_\_\_

<b>DEPENDABILITY/ATTENDANCE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Comments: \_\_\_\_\_

<b>ABILITY TO HANDLE STRESSFUL SITUATIONS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Comments: \_\_\_\_\_

**Please return to Lauren Bray at the E.O. Wilson Biophilia Center  
4956 State Hwy 20 East  
Freeport, FL 32439**

**-or-**

**[Lbray@eowilsoncenter.org](mailto:Lbray@eowilsoncenter.org)**

**-or by fax-  
850-835-2879**