

Volunteer Name: _____

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



Reference Name: _____

Phone Number: _____

1. *How do you know this volunteer?*

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?*

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?*

5. *Further Comments:*

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

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

Comments: _____

LISTENING SKILLS	1	2	3	4	5
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Comments: _____

CONFLICT RESOLUTION SKILLS (Ability to be objective and to bring parties to the table)	1	2	3	4	5
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Comments: _____

DEPENDABILITY/ATTENDANCE	1	2	3	4	5
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Comments: _____

ABILITY TO HANDLE STRESSFUL SITUATIONS	1	2	3	4	5
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Comments: _____

Please return to Dalton Allen at the E.O. Wilson Biophilia Center

**Dalton Allen
4956 State Hwy 20 East
Freeport, FL 32439**

-or-

dallen@eowilsoncenter.org

-or by fax-

850-835-2879