



## KANSAS 4-H INTERNATIONAL EXCHANGE PROGRAMS IFYE REPRESENTATIVE PROGRAM – REFERENCE FORM

Return to: Mary Kay Munson, 1114 N. Spring Valley Road, Junction City, KS 66441; 785-238-3631; [munson@ksbroadband.net](mailto:munson@ksbroadband.net).

Delegate's Name: \_\_\_\_\_ State: \_\_\_\_\_

The individual above has applied to participate in an international exchange program. Selected delegates will spend two to six months living with host families 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)

Comments:

Cooperative	[ ] Yes [ ] No	_____
Looked to for guidance	[ ] Yes [ ] No	_____
Respectful	[ ] Yes [ ] No	_____
Outgoing	[ ] Yes [ ] No	_____
Sensitive towards others	[ ] Yes [ ] 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	[ ]	[ ]	[ ]	[ ]
Leadership	[ ]	[ ]	[ ]	[ ]
Enthusiasm/Energy	[ ]	[ ]	[ ]	[ ]
Self-Confidence	[ ]	[ ]	[ ]	[ ]
Sense of Humor	[ ]	[ ]	[ ]	[ ]
Handling Emergencies	[ ]	[ ]	[ ]	[ ]
Self-Starter	[ ]	[ ]	[ ]	[ ]
Flexible	[ ]	[ ]	[ ]	[ ]

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: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Revised: 8-31-14

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