



# STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 2020 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 this individual usually: (specify "Yes" or "No" and/or comments. Use back of page if necessary.)

Comments:

Cooperative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
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: \_\_\_\_\_