



## Youth Outdoors Fellowship Program Reference Form

### To The Reference:

This student is applying to Cleveland Metroparks Youth Outdoors Fellowship Program. The students we select for this program must have a sincere interest in career development and outdoor exploration, the maturity to work independently and make a biweekly commitment during the school year.

We appreciate your candid responses, which will be kept confidential. Please complete both sides of this form. Thank you for your valuable time.

If you have any questions, please contact the Youth Outdoors Fellowship Coordinator at (216) 206-1010.

### To the Student:

Please give one copy to a teacher (current or recent past) and one copy to an adult who knows you well, but is not a family member.

Please be sure to give these forms out at least two weeks before the application deadline. If the form is returned to you in a sealed envelope, please do not open it.

**No applications will be considered unless an application and two completed reference forms are returned to Youth Outdoors Fellowship Program.**

Be sure to thank the people who take the time to fill out these references for you!

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

1. How long have you known this student? \_\_\_\_\_
2. In what capacity have you known this student?
3. Do you know of any special interests, qualities, abilities, experiences, etc. of this applicant that would be helpful for us to know about?
4. How would you describe this student's relationship with their peers?
5. How would you describe this student's relationship with adults?

**Please evaluate the student:**

Scale: **1= outstanding**    **2=very good**    **3=average**    **4=below average**    **U=unknown**

- ORAL COMMUNICATION \_\_\_\_\_
- ABILITY TO ANALYZE A PROBLEM \_\_\_\_\_
- CURIOSITY \_\_\_\_\_
- CREATIVITY \_\_\_\_\_
- DEPENDABILITY \_\_\_\_\_
- SENSE OF RESPONSIBILITY \_\_\_\_\_
- SELF MOTIVATION \_\_\_\_\_
- ABILITY TO WORK INDEPENDENTLY \_\_\_\_\_
- REACTION TO CRITICISM \_\_\_\_\_
- REGARD FOR AUTHORITY \_\_\_\_\_
- COOPERATION WITH PEERS \_\_\_\_\_
- ADAPTABILITY \_\_\_\_\_
- SENSITIVITY TO OTHERS' FEELINGS \_\_\_\_\_
- ABILITY TO FOLLOW DIRECTIONS \_\_\_\_\_
- PERSEVERANCE \_\_\_\_\_

I would recommend this student to the Youth Outdoors Fellowship program:

with enthusiasm

with reservation\* (please explain below)

do not recommend \*(please explain below)

Additional Comments:

Signature \_\_\_\_\_

Phone \_\_\_\_\_ May we contact you if necessary? \_\_\_\_\_

E-mail \_\_\_\_\_

**IF YOU WISH TO REMAIN  
CONFIDENTIAL, PLEASE RETURN  
THIS FORM TO THE STUDENT IN A  
SEALED ENVELOPE, WITH YOUR  
SIGNATURE OVER THE SEAL.**

**Return reference forms to:**

Email [yofp@clevelandmetroparks.com](mailto:yofp@clevelandmetroparks.com)

Fax to 216-341-9230 (Attention: Youth Outdoors Fellowship Program)