



# MONTANA 4-H INTERNATIONAL PROGRAMS CONFIDENTIAL CHAPERONE REFERENCE NEW ZEALAND

Return to: *Montana 4-H Center – Stephanie Davison  
210 Taylor Hall, PO Box 173580  
Bozeman, MT 59717  
By November 15, 2017*

Applicant's Name: \_\_\_\_\_ State: \_\_\_\_\_

The individual above has applied for a Chaperone position with the Montana 4-H International Exchange Programs. Chaperones are responsible for the welfare and development of participants who visit another country, live with host families and participate in educational seminars and tours. Their primary objective is to better understand the people of their host country, and assist youth in maximizing the quality of their experience. Your evaluation of the applicant's ability to provide effective leadership in this capacity is appreciated.

***Thank you for providing this reference.  
All information is confidential.***

**\*\*Please Read\*\***

This form is designed to facilitate the task of reference writing. If you prefer to write a letter rather than complete this form, or if you prefer to add comments where only ratings are requested, please do so. Leave questions unanswered if your knowledge of the applicant does not qualify you to answer.

How long have you known the applicant? \_\_\_\_\_

In what ways have you been associated with this applicant? \_\_\_\_\_  
\_\_\_\_\_

Please assess the applicant's suitability and experience to work with youth ages 12-18 of different genders, backgrounds and cultures: \_\_\_\_\_  
\_\_\_\_\_

Please assess the applicant's skills in teaching, leadership and organizing groups: \_\_\_\_\_  
\_\_\_\_\_

Is the applicant tactful and sensitive when working with people whose opinions and actions differ from his/her own? \_\_\_\_\_  
\_\_\_\_\_

Please discuss any foreign language abilities which the applicant may have. \_\_\_\_\_  
\_\_\_\_\_

Interpersonal Relations: As you observe this applicant in relation to other people, is he/she usually:  
(specify "Yes" or "No" and/or comments, please)

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| 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 |

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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"/>

Qualities vary with an individual. What do you think are the applicant's greatest strengths and weaknesses as they might apply to this program?

\*Strengths \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Weaknesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please summarize your recommendations by ranking the applicant with persons you have known who possess leadership qualities.

Unacceptable      Below Average      Average      Above Average      Top 10%  
                                                                                       

Do you recommend this applicant for participation?

- YES
- NO

Additional Comments (Use back of this page if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

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