

Intern Reference Form

Applicant Name: _____ Phone Number: _____

Position Applied for: _____

The individual above is applying for an internship at Minnesota Children's Museum, and would like you to serve as one of their references. If accepted, he or she will serve in a position with a wide variety of tasks, which could include interaction with young children, research or administrative work.

In order to protect confidentiality, please mail, e-mail or fax this completed form directly to Volunteer Services. Applications are not complete until reference forms have been received. If you have any questions, please contact us at (651) 225-6046 or volunteers@mcm.org. Thank you in advance for your assistance.

Mail, fax or email completed form to:
Volunteer Services
10 West 7th St
St. Paul, MN 55102
Fax: 651-225-6006
volunteers@mcm.org

Reference information

Name _____ Daytime Phone _____

Organization _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

1. Based on your experience with the applicant, please rate him/her in the following categories:

	Excellent	Good	Fair	Poor
Follow through on commitments				
Dependability				
Willingness to work				
Conduct				
Attitude				
Maturity				
Social Skills				

Please turn over, more questions on reverse

2. How do you know the applicant and for how long have you known him/her?

3. In your opinion, what skills and strengths will the applicant bring to the Museum?

4. In your opinion, how does the applicant adapt to new situations and new people?

5. Would you have any reservations about the applicant interacting with Museum visitors, particularly children? If yes, please explain.

6. To the best of your knowledge, is there any reason why we should not consider this applicant for an internship at Minnesota Children's Museum? If yes, please explain.

7. Please add any additional comments that may be helpful.

Signed _____ Date _____