

# FORT WAYNE CHILDREN'S ZOO ADULT VOLUNTEER

## Recommendation Form

Applicant: Please have this form completed by a person 18 years of age or older- not related to you.

(Applicant's Name) \_\_\_\_\_ has applied for a volunteer position at the Fort Wayne Children's Zoo. This will require a commitment of at least 1 year with 30 hours of shift service. Please answer the following questions as thoroughly as possible and return this form in a timely manner.

1. How long have you known, and what is your relationship to, the applicant?

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2. Circle the number that best describes the applicant for the following qualities (1 = never and 5 = always). Please comment as appropriate:

	Never	Sometimes	Always	Comments:	
Will carry out tasks dependably	1	2	3	4	5
Arrives on time for assignments	1	2	3	4	5
Listens attentively	1	2	3	4	5
Follows directions	1	2	3	4	5
Can be trusted to work without close supervision	1	2	3	4	5
Dresses neatly & appropriately	1	2	3	4	5
Shows a positive attitude and is pleasant to be around	1	2	3	4	5
When working on a team is co-operative and shows leadership	1	2	3	4	5
Adapts easily to changing circumstances	1	2	3	4	5
Communicates clearly to both adults and children	1	2	3	4	5

3. How would you describe the applicant's willingness to learn?

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4. Is the applicant self-motivated and disciplined? Provide examples if possible.

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5. Please describe how the applicant interacts with people in general.

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6. What can you tell us about the applicant that might assist us in determining his/her qualifications?

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

Your Name: \_\_\_\_\_

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

Your Phone: \_\_\_\_\_

Your E-mail: \_\_\_\_\_

Thank you for your time and assistance. Please return the completed form via mail,  
email, or fax to:

Volunteer Programs Manager  
Fort Wayne Children's Zoo  
3411 Sherman Blvd.  
Fort Wayne, IN 46808  
Tel: (260) 427-6800 EXT. 302  
Fax: (260) 427-6820  
Email: [volunteer@kidszoo.org](mailto:volunteer@kidszoo.org)