



Solar Youth Internship Program

Summer Program Reference Form

Return to: Michael Sellers

Email: Michael@solaryouth.org

Mail: 53 Wayfarer Street, New Haven, CT 06515 or Fax: 203-859-5312

Please submit by Friday, June 21, 2019

Attention Applicant: Please print your full name

Applicant Name: _____

Attention Reference:

The person named above is applying for an internship position with Solar Youth, Inc. If hired, s/he will be a community steward where s/he will learn about the environment, landscaping, job skills, community organizing, and problem solving skills, in partnership with an adult staff. *Please, honestly assess the applicant's abilities and limitations and return by Friday, June 21, 2019.* You may submit your reference sheet by email for your convenience. **You cannot be a family member of the applicant!**

Please print your name: _____

Telephone number: _____

E-mail: _____

Profession/Title: _____

1. In what capacity have you known this applicant: _____

For how long: _____ How well do you feel you know him/her: _____

For questions 2-5, please circle the most appropriate rating, with 1=lowest, 5=highest, NA=not able to assess

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|---|---|---|---|---|---|----|
| 2. How well does the applicant accept responsibility? | 1 | 2 | 3 | 4 | 5 | NA |
| 3. How well does the applicant work with diverse groups? | 1 | 2 | 3 | 4 | 5 | NA |
| 4. Does the applicant have good oral communication skills? | 1 | 2 | 3 | 4 | 5 | NA |
| 5. Does the applicant demonstrate patience in difficult situations? | 1 | 2 | 3 | 4 | 5 | NA |

6. Please describe what you consider to be the applicant's major strong points and limitations.

7. Please use this space to include anything else about the applicant that may help in determining her/his qualifications (i.e. leadership abilities)

Signature: _____

Date: _____

May we contact you if we need additional information on the applicant?

☐ Yes

☐ No

Thank you very much for your input!