

**Recommendation Form**

Applicants, please have this recommendation form completed by a **non-family member**. We suggest that you provide a copy of the full program description to a teacher/instructor/mentor that has instructed you within the last year so that they can provide a complete recommendation. Please return the form with your application or have your mentor submit it by email to [rhughes@flaquarium.org](mailto:rhughes@flaquarium.org) or fax to 813-367-4075. All items must be received by the posted due dates (January 1, May 1, or August 1).

References, this recommendation form is meant to assist The Florida Aquarium in determining if the applicant in question will be a good fit for the Teen Volunteer Programs at The Florida Aquarium. A more complete description can be found on our website ([flaquarium.org](http://flaquarium.org)).

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**It is best to contact you by: phone or email**  
(circle one)

How do you know the applicant?

\_\_\_\_\_

Please rate this person on the following criteria:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The applicant is punctual and reliable.					
The applicant goes above and beyond to assist without being asked.					
The applicant is willing to help others and work in a team environment.					
The applicant can work independently without constant supervision.					
The applicant completes projects in a timely manner.					
The applicant would be (or is) a good role model for children ages 3 to 9.					
Overall, I would recommend this person as a volunteer.					

Additional Comments:

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