

Ohio REINS Volunteer Recommendation Form

Name of Applicant _____

The person named above has applied to become a volunteer with the Ohio REINS Volunteer Program and has listed you as a reference. As part of the application process, it would be appreciated if you would complete the following recommendation form. This information is confidential and will only be seen by Extension personnel. Your honest evaluation is important to the quality of the program.

Please send the completed form, by December 31st, to: Extension Equine Specialist
 Ohio REINS Volunteer Program
 2029 Fyffe Court
 Columbus, OH 43210

Your Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

How long have you known the applicant? _____

In what capacity? _____

Please rate the applicant in the following areas:

	Poor	Fair	Good	Excellent	Don't Know
Cooperation					
Leadership					
Judgment					
Integrity					
Responsibility					
Communication					
Initiative					

Additional Comments (use the back of this form if necessary):

 Signature

 Date