

# INTERNATIONAL 4-H YOUTH EXCHANGE



## CONFIDENTIAL REFERENCE

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

The above-named individual has applied for participation in the following program:

- IFYE Representative (19-30 years)       International Youth Development Project (YDP)  
 IFYE Ambassador (15-19 years)       Other: \_\_\_\_\_

Selected participants will spend several weeks to a year living and working in an unfamiliar culture. Your thoughtful evaluation of the applicant's ability to assume this role will be appreciated. All information is confidential.

Thank you for providing this reference.

**Interpersonal Relations:** As you observe this applicant in relationship to other people, is the applicant usually:

COMMENTS

Cooperative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Looked to for guidance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Resentful	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Outgoing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sensitive toward others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

How does the applicant react to stress: awkward/unfamiliar situations, schedule changes, physical demands, pressure?

In comparison with persons you have known, how would you rate the applicant in the following areas?

	<u>Below Average</u>	<u>Average</u>	<u>Above Average</u>	<u>Top 10%</u>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm & Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for participation?  YES       NO

Why? (Use additional pages if desired) \_\_\_\_\_

**International Four-H Youth Exchange Association of the USA**

5811 Lone Oak Drive East, Bethesda, Maryland 20814-1843

Telephone: (301) 493-5301 or E-mail: [lfyeassociation@aol.com](mailto:lfyeassociation@aol.com)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Please return to the International Program Coordinator in your state. Contact your County Extension Office, State 4-H Office, or the below address for additional information.*

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