



## Ronald McDonald House Charities® of Maine

### Nomination/Reference Form

The mission of Ronald McDonald House Charities® of Maine is to provide an oasis for families with hospitalized children in our community. Many activities and services provided by RMHC Maine are possible only because of the help of volunteers and programs such as the Teen Ambassador program. The purpose of our program is to encourage High School students to become more active in community service, to create an awareness of RMHC Maine in the student's school and community, and to encourage support for RMHC Maine.

\_\_\_\_\_ has applied to participate in our Teen Ambassador Program at RMHC Maine. We will be interviewing this individual as a possible candidate and we would appreciate your help in this process by answering the following questions:

*If additional space is needed, a separate sheet of paper may be used.*

1. What is your relationship with the above named individual? \_\_\_\_\_
2. How long have you known him or her? \_\_\_\_\_

3. Please rate this individual in the following categories.

|                       | Excellent                | Good  | Fair                     | Poor                     | N/A |
|-----------------------|--------------------------|---|--------------------------|--------------------------|-----|
| Dependability         | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |
| Honesty               | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |
| Teamwork              | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |
| Organizational Skills | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |
| Leadership Skills     | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |
| Interpersonal Skills  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |

4. What strengths do you think this individual would bring to the Teen Ambassador program? Please elaborate.

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5. Additional comments: \_\_\_\_\_

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Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please seal completed reference form in an envelope, sign across the seal, and return it to the applicant as soon as possible.**