

STUDENTS WITHOUT BORDERS ACADEMY (SWBA) NON-TEACHER/NON-FAMILY MEMBER REFERENCE FORM

You have been carefully selected to fill out a reference form. Please take a few moments to let the selection committee know how much you would like to travel with the student named below. I am interested in group safety and responsibility. The group will be on the water, in the jungle and in foreign, extra-cultural situations. We will also be in close quarters for a period of five weeks. THIS IS A VERY IMPORTANT DOCUMENT FOR THE PROGRAM. All information remains confidential.

Please return the form to the applicant, inside a sealed envelope. Please sign across the seal.

STUDENT NAME: FIRST _____ LAST _____

How long have you known the applicant? 1 2 3 4 5 6 7 8+ years (circle appropriate)

How well do you know the applicant? *Slightly Somewhat Well* (circle appropriate)

In what capacity do you know this student: _____

Please circle the most appropriate number (1 being not so much – 10 being absolutely)

- | | |
|--|----------------------|
| • I would trust this applicant to be on time for group meetings | 1 2 3 4 5 6 7 8 9 10 |
| • This applicant is able to get along in groups | 1 2 3 4 5 6 7 8 9 10 |
| • This applicant listens to instructions the first time | 1 2 3 4 5 6 7 8 9 10 |
| • This applicant is respectful of all age groups | 1 2 3 4 5 6 7 8 9 10 |
| • This applicant is emotionally mature - mentally healthy | 1 2 3 4 5 6 7 8 9 10 |
| • This student is fit for cycle trips and/or rigorous hikes | 1 2 3 4 5 6 7 8 9 10 |
| • This applicant responds to stress appropriately | 1 2 3 4 5 6 7 8 9 10 |
| • This applicant can work independently | 1 2 3 4 5 6 7 8 9 10 |
| • This applicant follows through with commitments | 1 2 3 4 5 6 7 8 9 10 |
| • I would take this applicant on an international trip | 1 2 3 4 5 6 7 8 9 10 |
| • With supervision, this student could complete on-line coursework | 1 2 3 4 5 6 7 8 9 10 |

In summary, your recommendation for this student (circle appropriate response) :

HIGHLY RECOMMENDED / RECOMMENDED / NOT RECOMMENDED

YOUR NAME: _____ **EMAIL:** _____

Additional comments below (or if you prefer by email dfehr@sd22.bc.ca)

FOR FURTHER INFORMATION ON THE PROGRAM PLEASE GO TO: **SWBA.CA**