



Stowe Mountain Rescue Reference Packet



APPLICATION REFERENCE

Applicant _____
Print Applicant's Full Name

TO THE APPLICANT: *Please provide this Reference Form to someone who knows you well and can provide an accurate and full account of your abilities, accomplishments, and personal qualities. By requesting this reference, you (1) authorize the reference to provide the requested background and personal information to Stowe Mountain Rescue, (2) acknowledge that this completed reference is the property of Stowe Mountain Rescue, and (3) you have no right to see the completed reference information.*

*Please provide the recommender with this form **and a stamped envelope** addressed to Team Chief Stowe Mountain Rescue, P.O. Box 291, Stowe, VT 05672.*

This Reference Form must be received NLT January 10.

TO THE APPLICANT REFERENCE: The applicant has applied to volunteer with Stowe Mountain Rescue. Stowe Mountain Rescue provides emergency medical services, technical/off-road patient transportation, and specialized rescue services to the Town of Stowe, Vermont, and surrounding areas. Members must be of impeccable moral character, reliable, trustworthy, and able to function as part of a team. They must be able to work within the command structure of the organization under stressful and sometimes hazardous conditions.

YOU ARE NOT REQUIRED TO BE A REFERENCE. If you choose to act as a reference, the information you provide may be relied upon by Stowe Mountain Rescue, its Officers, and its Members in deciding on the prospective member's application. Your full and candid response is appreciated. **This form should be returned directly to Stowe Mountain Rescue in the stamped envelope provided by the applicant. This material will remain confidential.**



REFERENCE INFORMATION

Name: _____ Occupation: _____

Address: _____
Number and Street City State ZIP Code

How long and in what capacity have you known the applicant?

How frequently do you have contact with the applicant?

Do you know other persons who are acquainted with the applicant? How do they perceive the candidate?

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Applicant Characteristics. Please place an 'X' in the appropriate box.

| TOPIC | Below Average | Average | Good (Top 10%) | Outstanding (Top 3%) | One of the Best Encountered in My Career | Unable to Judge |
|--|---------------|---------|----------------|----------------------|--|-----------------|
| Integrity | | | | | | |
| Intellectual Curiosity | | | | | | |
| Motivation/Initiative | | | | | | |
| Self-Confidence | | | | | | |
| Community Respect | | | | | | |
| Warmth of Personality | | | | | | |
| Leadership | | | | | | |
| Reliability | | | | | | |
| Trustworthiness | | | | | | |
| Interpersonal Skills | | | | | | |
| Ability to Maintain Confidential Information | | | | | | |
| Ability to Remain Calm Under Stress | | | | | | |
| Reaction to Criticism | | | | | | |

Do you wish to elaborate on any of these ratings?

Please offer any additional comments concerning this applicant's ability, character, and suitability for membership with Stowe Mountain Rescue. (For example, alcohol or drug concerns, psychological instability concerns, incidents of violence or aggression towards coworkers, supervisors, family, etc.) We will be pleased to receive an attached letter if you wish. We sincerely appreciate your assistance in our membership process.