



## **REFERENCE QUESTIONNAIRE**

This questionnaire is to be completed by a third-party who is not related to the applicant (employer, teacher, coach, clergy or family friend). No peers or relatives. The individual completing this form should have witnessed the applicant interact in groups as well as individual settings.

Consent for \_\_\_\_\_ to release information to Outward Bound  
regarding \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## **REFERENCE REQUEST**

Please complete the Reference Questionnaire based on your knowledge of this applicant.

Our courses for struggling teens and young adults are 20 to 28-day wilderness expeditions designed for personal growth, focusing on self-reliance, self-esteem, sound decision making and team building. The groups (crews), consisting of 6-11 students with two to three instructors, are often mobile in nature – meaning no basecamp or indoor facilities. While the activities may differ, all are taught at a beginner level. These expeditions are conducted in all weather conditions in varying environments.

Common to all Outward Bound programs is a solo experience. Solo is a one to three-day period (depending on age and crew dynamics) of isolation and reflection consigned within a small, designed area. Solo is considered a key course element.

For courses with the age range of 12-13, 14-17 and 16-20, parents are required to participate in the Parent/Guardian Seminar at course end. This seminar requires travel to a location near their son/daughter's course area. For courses with an age range of 18-22, parents/guardians participate in a Family Conference Call at course end.

The purpose of this questionnaire is to help Outward Bound determine if the timing is appropriate for this applicant to meet the physical, social and emotional demands of the course. Since you have had the opportunity to observe this applicant in various personal and group settings, you can provide vital insight into this process.

Return this form, along with the completed questionnaire to:

North Carolina Outward Bound  
Student Services Department  
FAX: 828-298-8660  
E-mail: [studentservices@ncobs.org](mailto:studentservices@ncobs.org)  
Address: 2582 Riceville Road - Asheville, NC 28805

This applicant (and/or parent/guardian) has chosen you to complete this reference. Please answer the following questions based on your knowledge of the applicant.

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you known the applicant and what is the frequency and nature of your interaction?

2. How does the applicant relate to peers, adults and especially authority figures?

3. In a group setting, what role does the applicant assume (leader – negative or positive, follower, scapegoat)?  
Why?

4. What has been the applicant's response to confrontation? Feedback? Counseling?

5. How have you seen the applicant handle stress or challenge (both emotional and physical)?

6. What is your perception of the applicant's self-image?

7. To your knowledge, has the applicant been suspended from school within the past two years?

Yes No If yes, do you know the reason(s)?

8. Does the applicant appear to have issues with depression?

Yes No If yes, please explain.

9. To your knowledge, has the applicant ever displayed suicidal ideation or attempted suicide?

Yes No If yes, please explain.

10. How does the applicant express anger?

11. Is the applicant prone to aggressive behavior?

Yes No If yes, please describe - include frequency and precipitating events.

12. What have you observed to be the applicant's level of drug and alcohol use, if any? In your opinion, does the applicant have a substance abuse problem?

13. To your knowledge, has the applicant had any arrests, charges or any involvement in the Justice System? Yes No If yes, when and what was the offense?

14. To your knowledge, has the applicant been diagnosed with a learning disability or Attention Deficit Hyperactivity Disorder? Yes No

Are any support systems (special education, tutor) required to compensate? Yes No  
If yes, please describe the setting and any other considerations.

15. Will the applicant require any additional support from the instructors during the course? Yes No  
If yes, how much and what type?

16. Does the applicant want to attend Outward Bound or is he/she being strongly "encouraged" by someone else?

17. Is there any other information you feel would be helpful regarding this applicant?

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