

VOLUNTEER REFERENCE FORM

Volunteer Name: _____

1. What is your relationship to the applicant?

Employer _____	Pastor/Minister _____
Friend _____	Colleague _____
Relative _____	Other _____

2. How long have you known the applicant? _____

3. In general, describe the applicant's relationship with others. _____

4. How would you rate the applicant in terms of his/her listening skills?

(Circle one)

1 – Poor 2 – O.K. 3 – Above Average

Comments: _____

5. How would you rate the applicant's ability to verbally express thoughts and feelings? (Circle one)

1 – Poor 2 – O.K. 3 – Above Average

Comments: _____

6. How would you rate the applicant's ability to give and receive feedback?

(Circle one)

1 – Poor 2 – O.K. 3 – Above Average

Comments: _____

7. On occasion, our volunteers may have to help clients resolve problems or concerns. How well does the applicant help others solve problems?
(Circle one)

1 – Poor 2 – O.K. 3 – Above Average

Comments: _____

8. How would you describe the applicant's dependability and reliability?

9. Do you know of anything which would be detrimental in the applicant's ability to work with girls and young women in individual and /or group settings? _____

10. Do you feel the applicant is in the position to make a one-year commitment to Volunteering at AFG? _____

11. Based upon your knowledge of the applicant, do you feel that the applicant would be a positive role model for our clients? Yes ____ No ____

Comments: _____

**** All responses are confidential and will be kept in a secure location. ****

Your Name _____

Address _____

Phone # _____