VOLUNTEEER 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 # ________________________________