

INTERN REFERENCE FORM

Intern Name: _____

1. What is your relationship to the applicant?
Employer _____ Pastor/Minister _____ Professor _____
Supervisor _____ Colleague _____ Other _____

2. How long have you known the applicant? _____

3. How would you rate the applicant in terms of his/her listening skills? (Circle one)
1 – Poor 2 – O.K. 3 – Above Average

Comments: _____

4. 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: _____

5. How would you rate the applicant's ability to give and receive feedback?
(Circle one) 1 – Poor 2 – O.K. 3 – Above Average

Comments: _____

6. 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: _____

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

8. 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?

9. Based on your knowledge, do you believe the applicant would be a positive role model for our clients?

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

Your Name _____

Address _____

Phone # _____

Please address to: Jenny Clement, Volunteer Services Manager
Alternatives For Girls
903 W. Grand. Blvd.
Detroit, MI 48208
(313) 361-8938

volunteering@alternativesforgirls.org