



Volunteer Reference Form

We appreciate your time and willingness to complete this form and ask that you be open and honest in your response. No applicant will be rejected on the basis of a single reference. Strict confidence with regard to your response will be observed within the provisions of the law.

Name of Applicant:

Last Name	First Name
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Please return the completed form by email, mail or fax. Thank you.

Reference Information:

Last Name	First Name		
Street	City	State	Zip Code
Work Phone	Cell Phone		
Email Address		Relationship	

Statement:

How long have you known the applicant?
In what capacity have you known the applicant?
Please indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities. Describe your knowledge of any characteristics/special training/education the applicant may have for working with these individuals.
Is there any reason why the applicant would not be well-suited to work with or around individuals with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No



If you answered "yes" to the above question, please explain.

Evaluation:

Please evaluate the applicant in the following areas:

	Poor	Below Average	Average	Above Average	Excellent
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

Signature: _____ Date: _____

Upon completion of Volunteer Reference Form please **save** file to your computer and email to volunteer@campcivitan.org or fax to 602-953-2946.