**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 |

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? [ ]  Yes [ ]  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 [ ]  [ ]  [ ]  [ ]  [ ]

Flexibility [ ]  [ ]  [ ]  [ ]  [ ]

Team Player [ ]  [ ]  [ ]  [ ]  [ ]

Honesty [ ]  [ ]  [ ]  [ ]  [ ]

Enthusiasm [ ]  [ ]  [ ]  [ ]  [ ]

Initiative [ ]  [ ]  [ ]  [ ]  [ ]

Communication [ ]  [ ]  [ ]  [ ]  [ ]

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.