

Instructions to the Applicant: Fill out the top portion of this form below and give it to your reference to complete. Have your reference return this form to you so that you may bring it with you at the time of your orientation.

This Portion to be Completed by Prospective Volunteer

Print full name of volunteer applicant:

By signing this form, I, the volunteer applicant waive my right to view this completed reference form.

Applicant Signature Date

This Portion to be Completed by Reference

Full Name:

Street Address:

City, State, Zip:

Phone Number:

Email:

Capacity in which you know the volunteer applicant:

.....

Amount of time you have known the volunteer applicant:

Please rate the applicant's abilities in the following areas:

	Below Average	Average	Above Average
Displays maturity and emotional stability			
Exhibits patience			
Makes sound judgments			
Communicates effectively			
Able to work with various cultures/identities			
Responsible and committed			

