

VOLUNTEER REFERENCE FORM



BASIC INFORMATION

Date	
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Name of Volunteer Applicant	
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The person named above has applied to become a volunteer at our center, and has given your name as a reference. Please fill out this form and return it to 708 North Main Street, Suite 200, Blacksburg, VA 24060 or email it to cjohnson@prcnewrivervalley.com as soon as possible. Use the back of this form if we have not allowed enough space for your comments. Keep in mind that this information will be used in making a decision about this person's acceptance as a volunteer. It would be most helpful to us if you could be quite candid in your evaluation. Please know that the individual will not view this form unless you desire to share it with him/her. If you have any questions please feel free to call us at (540) 552-5556.

Your Name	
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Phone		E-mail Address	
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How long have you known this person?

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In what capacity have you known this person?

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How well would you say you know this person?

Extremely Well Very Well Well Average Not Very Well

How would you rate this person's interpersonal relationship skills?

Excellent Good Fair Poor

Comments:

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Would you say this person's life is well ordered?

Very much so Pretty much Not really

Comments:

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Does this person tend to become overly committed, starting projects with enthusiasm, but quickly "fizzling out"?

Yes, you described it No, he/she sticks with projects

Do you know this person's stand on abortion? If so, how would you describe their belief on abortion?

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How would you characterize this person's spiritual life?

How would you characterize this person's home life?

In your best judgment, would this person be better off serving in a role other than one involving direct client contact (office, sorting baby clothes, helping with an event, etc.)?

Do you have any other observations or comments that might help us in placing this person?

Would you recommend this person for volunteer service with us? Why or why not?