

## 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 |
|-----------|------------|

**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 the file to your computer and email it to [volunteer@campcivitan.org](mailto:volunteer@campcivitan.org) or fax to 602-953-2946.**