



REFERENCE CHECK FORM

Name of Volunteer Applicant: _____

Name of Reference: _____ Relationship to Applicant: _____

Phone: _____ Email: _____ Years known Candidate: _____

1. What would you say are her/his greatest strengths? _____

2. Weaknesses? _____

3. What contributions do you feel this person can make to New Life Center? _____

4. Are you aware of any situations or personal conditions that might cause problems in working with women and children survivors of domestic violence? If yes, please explain: _____

5. Do you have any reservations in recommending this person to volunteer at New life Center?

Yes__ No__ If yes, please explain: _____

6. Additional comments that are pertinent to our evaluation: _____

*Please check the rating you would apply to the candidate:

	Excellent	Above Average	Average	Below Average	Not Observed
Dependability					
Communication Skills					
Trustworthiness					
Maturity					
Concern for others					
Respect for others					
Ability to plan & organize					
Ability to maintain confidential information					

Reference Name: _____ Date: _____