Volunteer Reference Check Form

Applicant’s Name: [NAME OF REGISTRANT] Site/Location: [NAME OF EVENT]

Name of Person Providing Reference:

Name: Title:

Address:

Phone Number/s:

The prospective volunteer fisted above has indicated that you .could provide Catholic Charities with the following information:

How long have you known the applicant?

What is the nature of your relationship with the applicant? Friend Relative Co-worker/Supervisor Other

If other, please explain:

Catholic Charities serves many vulnerable populations, including children, youth, and seniors. Some of those we serve are experiencing homelessness. We serve persons with disabilities who may be chemically dependent or, may be newly arriving to the United States. Please share with us your thoughts about the volunteer applicant's ability to serve vulnerable populations.

In your opinion, can this applicant work appropriately with persons of different races, ethnicities, gender or abilities?

In your opinion, is the applicant dependable?

In your opinion, is the applicant a patient, caring and even-tempered individual? In your opinion, could this person serve children with multiple needs?

In your opinion, would you allow this prospective volunteer to care for your children? Yes No

Do you know of any reason this prospective volunteer should not serve children? Yes No

If yes, please explain:

Additional comments:

Signature of Individual Providing Reference\* Date Reference Check Completed

\*In Event of a Telephone Reference Check Name of Person Conducting Reference Check, please list name and title of person contacting the reference. Name: Title:

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