



In His Care Reference Check Form

Note: The person filling out this form must not be related to the individual, should be over 16 years of age, and should know them for at least 2 years.

This is an important part of our screening process. It will assist us in finding the right placement for our volunteers, and protecting our vulnerable persons. Please complete the form below as soon as possible and seal the completed form in the pre-paid, self addressed envelope provided. We greatly appreciate your prompt completion and return of this reference. If you have any questions please contact Jan Smith @ 447-1234 ext 121. Please read each question carefully!

1. Thank you for taking the time to fill out this reference form for:

2. Your Name _____ 3. Phone Number _____

4. Address _____

5. Describe your relationship with this person.

6. How long have you known this person?

7. . Please use the following scale to respond to the following:

1 – low 2 – below average 3 – average 4 – very good 5 – excellent

How would you rate this individual in the following areas?

- | | | | | | |
|---|---|---|---|---|---|
| a. Ability to work with other volunteers | 1 | 2 | 3 | 4 | 5 |
| b. Ability to follow through on commitments | 1 | 2 | 3 | 4 | 5 |
| c. Ability to relate to children or youth | 1 | 2 | 3 | 4 | 5 |
| d. Level of spiritual maturity | 1 | 2 | 3 | 4 | 5 |

8. What are the applicant's greatest strengths?

9. Would you entrust the care of your child or youth to the applicant without any concern, reservation or hesitation?

10. Do you have concerns regarding this person working with children? If so, please explain:

Signature*

Printed Name*

Date* _____

For Office Use Only:

Date: _____ By: _____