

MINISTRY PERSONNEL REFERENCE FORM

(Name of Volunteer) _____ has applied to be a volunteer in our children/youth ministries and has indicated on their application that you might be willing to act as a personal reference. We have a program in our church called *Plan to Protect* which is designed to protect our children and youth as well as our volunteers. We do a reference check on all our volunteers working in our ministries. Your response will remain confidential. Thank you for your cooperation.

Your Name _____ Phone Number _____

Address _____

1. Describe your relationship with this person.

2. How long have you known this person?

3. 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 |

4. What are the applicant's greatest strengths?

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

6. Do you have concerns regarding this person working with children or youth? If so, please explain.

Signature _____

Printed Name _____ Date _____