SUMMIT SPORTS VOLUNTEER 2017
REFERENCE FORM

Name of Applicant: _____

The individual named above has applied to be a volunteer during Sports Camp 2017 at Summit Community Church. In accordance with a program we have called *Plan to Protect*, which is designed to protect our children as well as our volunteers, we do a reference check on all volunteers working in our ministry.

Name of Referee: _____ Phone*: _____

Email*: _____

***We will not contact you unless we have reason to ask follow up questions.**

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

What are his/her strengths?

_____

_____

What are his/her weaknesses?

_____

_____

How would you describe the type of person the applicant is and how he/she relates to others, especially children?

_____

_____

Would you describe the applicant as someone who follows through with commitments he/she makes?

_____

_____

How does he/she respond to supervision?

_____

_____

Is there any conduct of the applicant you have observed that you would call into question?

_____

_____

Do you have any concerns with the applicant working with children or youth in any of our ministries?

_____

_____

Thank you for your time! We really appreciate it!