

Volunteer Reference Form



NAME OF APPLICANT: _____

NAME OF REFERENCE:	TITLE
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ORGANIZATION:	PHONE:
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STREET ADDRESS: _____

CITY:	STATE:	ZIP CODE:
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The applicant has applied to become a Volunteer at the McMahon/Ryan Child Advocacy Center. Please complete the reference information and return to us as soon as possible.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Rating Scale

1-Needs Improvement 2-Average 3-Very Good 4-Excellent N/A-Not applicable

Ability to work independently.	1	2	3	4	N/A
Dependability/Punctuality.	1	2	3	4	N/A
Is courteous and sensitive to others.	1	2	3	4	N/A
Ability to work cooperatively with other staff.	1	2	3	4	N/A
Ability to be flexible and adaptable.	1	2	3	4	N/A
Ability to be supervised.	1	2	3	4	N/A
Professional behavior and work performance.	1	2	3	4	N/A
Ability to work with children and families.	1	2	3	4	N/A
Ability to value and support diversity.	1	2	3	4	N/A

In your opinion, is there any reason why this applicant should not be considered for a volunteer position?
 Yes No

If answered yes, please take the time to explain on the back of this form.

SIGNATURE OF REFERENCE: _____ **DATE:** _____

RETURN APPLICATION TO:

McMahon/Ryan Child Advocacy Center
 C/O Volunteer Coordinator
 601 E. Genesee St.
 Syracuse, NY 13202

Phone: (315) 701-2985
 Fax: (315) 701-3040