

## COVERED VOLUNTEER REFERENCE FORM

Throughout the country, volunteer organizations and churches are asking volunteers to provide references. This is done to assure the safety of children, the elderly, and the volunteers themselves. The information on this form is kept in a confidential file in the parish/school and is not shared with any outside organization or institution.

### Part A – To be completed by the volunteer.

**After completing Part A, forward the form and a stamped, pre-addressed envelope to the person providing your reference.**

The \_\_\_\_\_ has asked its volunteers to provide references. I, \_\_\_\_\_, hereby  
(Please print name of volunteer)  
 release \_\_\_\_\_ to provide answers to the questions listed in Part B below and to make  
(Please print name of person who will write the reference for you.)  
 comments concerning my abilities and general character. Further, I knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar causes of action against either this institution or you. Thank you.  
 Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### Part B – To be completed by the person writing the reference about the volunteer.

**After completing the form, mail or deliver the reference to \_\_\_\_\_ using the envelope provided.**

- a. How long have you known the applicant indicated above? \_\_\_\_\_  
 In what capacity do you know this person? \_\_\_\_\_
- b. Are you aware of any circumstances or situations where you would question this person's ability to be trusted with the care of others? \_\_\_\_\_ If yes, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Do you have any reservations regarding this person as a volunteer? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d. Please feel free to make additional comments concerning this individual including what you see as his/her special strengths and talents. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Church/Other Affiliation: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print identifying information about yourself in the spaces below.)

Your name:		Church affiliation and position:	
Street Address:	City:	State:	Zip:
Email Address:	FAX Number:	Home Phone:	

### Part C – To be completed by person conducting the interview or review.

Method of Contact – Please circle one:    Mail    Telephone    Fax    Email    Personal Conversation  
 Name of Interviewer/Reviewer: \_\_\_\_\_ Position: \_\_\_\_\_ Church/School/Other: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_