



Ministry Volunteer Reference Check

To: _____ Date _____

Address: _____

The volunteer applicant named below has applied for a position of trust working with children and youth in ministry, and has given your name as a reference and waived his/her rights provided by the Family Education Rights and Privacy Act of 1974 to inspect this letter of reference. Your assessment of the person will help us in guiding his/her involvement into a particular area of ministry on a volunteer level. This information will remain confidential. Thank you.

Applicant: _____

- 1. How long have you known the applicant and in what capacity?
- 2. Please describe this person's ability to work with children and/or youth?
- 3. Please describe this person's ability to work with adults?
- 4. What age grouping(s) do you think the applicant is best able to serve?
- 5. What particular gifts does the applicant bring to ministry?

6. Please rate the applicant on the following characteristics (**1=weak; 5=strong; NK=no knowledge**) :

	1	2	3	4	5	NK
Relates well with children and/or youth						
Relates well with adults						
Sense of confidence in self						
Honest and open in relationships						
Witness to the Christian faith through his/her lifestyle						
Openness to new learning						
Reliability						
Ability to express oneself						
Ability to take criticism						
Ability to work with superiors						
Ability to work as part of a team						
Ability to take initiative and complete a project						

7. Do you feel this applicant has any problems or limitations which would impede his/her volunteering in ministry?

8. What age grouping(s) do you think the applicant is best able to serve?

9. To the Best of your knowledge:

Have there been complaints about the applicant behaving inappropriately with minors? Yes No

Have there been complaints about the applicant behaving inappropriately with adults? Yes No

Have there been allegations of abuse against the applicant? Yes No

Has the applicant been disciplined or terminated from a position working with minors due to inappropriate behavior or abuse? Yes No

Would you trust the care of your children or your senior parent to this person? Yes No

Please feel free to add any additional comments about the applicant.

The information I have given is accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return to: _____

