Volunteer Reference Questionnaire

___________________________________________ (Volunteer Name) has applied as a volunteer to our program and has named you as a reference. The Children’s Advocacy Center provides crisis intervention and therapeutic services to sexually and physically abused children and their non-offending family members. It is important that you openly and candidly give your views about this applicant. Your information will enable us to assess the applicant’s ability to serve as a volunteer. Feel free to add additional information on back side or attach a page if needed.

ALL INFORMATION RECEIVED WILL BE HELD CONFIDENTIAL IN EVERY RESPECT.

How long have you known this person and in what capacity? ____________________________________________
________________________________________________________________________________________________

How well do you know the applicant? ___ Very Well ___ Well ___ Slightly

Have you had an opportunity to see him/her interact with children? Yes / No, if yes, please explain where and in what capacity? _______________________________________________________________________________________
_______________________________________________________________________________________________

Check all the following that describe the applicant’s character: ___ Confident ___ Energetic ___ Inventive ___ Friendly ___ Quiet ___ Distant ___ Sincere ___ Impatient ___ Understanding ___ Easily Upset ___ Motivated

Describe the applicant’s ability to be flexible. ___ Excellent ___ Good ___ Average ___ Poor

How well does the applicant assume responsibility? ___ Excellent ___ Good ___ Average ___ Poor

How well does the applicant accept direction and/or supervision? ___ Very Well ___ Well ___ Average ___ Poor

Regarding the applicant’s relationships and interaction with others, including children, please check all that apply: ___ Shy ___ Friendly ___ Thoughtful ___ Impatient ___ Understanding ___ Considerate ___ Patient ___ Demanding

How would you rate the applicant’s ability to handle confidential information? ___ Excellent ___ Good ___ Poor

Do you consider the applicant emotionally stable? ___ Yes ___ Usually ___ No

In your opinion, has the applicant ever had a drug or alcohol problem? ___ No ___ Yes  If yes, please explain _______________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Is there any particular reason why this person should or should not be a volunteer for our organization?

________________________________________

Signature ___________________________________________ Date __________

Print Name ____________________________________________

Please complete and mail directly to: Children’s Advocacy Center
Att: Volunteer Coordinator
1002 Chestnut Street
Bastrop, Texas 78602