

REFERENCE FORM

To the Applicant: Please distribute to persons who are not related to you, who have known you for at least 2 years and can provide a personal reference from a spiritual perspective. Fill out the top portion of this form and give to your reference.

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The statements on this form will be kept confidential and will not be seen by the applicants to allow your evaluator greater freedom in his/her response.

To the Reference: The above person is seeking a volunteer position at the Pregnancy Care Centers of Chandler and Gilbert and has given your name as a personal reference. Please give us your careful, honest, and straightforward assessment of this applicant. Be thorough and specific since we value your response. Please use the back of this form for additional information.

How long have you known applicant? \_\_\_\_\_ What is your relationship to applicant? \_\_\_\_\_

Please rate the applicant on the following areas by circling the appropriate number. If you are unable to provide information on a specific area, please leave blank.

1-poor 2-below average 3-average 4-above average 5-superior

Table with 3 columns of categories and 5 columns of rating scales (1-5).

Please comment on any areas of weakness or that need improvement in your opinion.

What are the applicant's strengths?

Would you recommend this applicant for this position? Why?

Name of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for taking the time to help us in this application process. We at Pregnancy Care Centers of Chandler and Gilbert greatly appreciate your speedy response. Please mail to the Chandler address or fax within 5 days.