

United Church of Christ
Robesonia, Pennsylvania

Form for Reference Check

Please note that it is the policy of United Church of Christ of Robesonia to do reference checks on all persons who are seeking to work with children, youth, senior citizens, the homebound, or hospitalized, whether in a volunteer or staff position. The person for whom this is a reference, may be applying to work with one or more of these groups of persons.

Applicant name: _____

Reference name: _____

Reference address: _____

Reference phone: _____

1. What is your relationship to the applicant? _____

2. About how many years have you known the applicant? _____

3. Have you observed this applicant interacting with children? Yes No

4. Have you observed or do you know of this applicant abusing anyone? Yes No
If so, please describe:

5. Would you feel comfortable about having the applicant as a volunteer worker with a child/youth related to you? Yes No
If not, please explain:

6. Would you feel comfortable about having the applicant as a volunteer worker with a homebound or hospitalized person related to you? Yes No
If not, please explain:

7. Do you know of any characteristics that would negatively affect the applicant's ability to work with children/youth? Yes No
If so, please describe them:

8. Do you know of any characteristics that would negatively affect the applicant's ability to work with homebound or hospitalized persons? Yes No
If so, please describe them:

9. Please list any other comments you would like to make:

If the reference is done in person or by mail:

Signature of Reference: _____ Date: _____

The following is to be completed by a member of the United Church of Christ of Robesonia who is conducting the reference check.

This reference was done via (circle one): in person / telephone / postal mail / e-mail / other: _____

Reference inquiry completed by: (print) _____

Signature _____ Date _____