



Volunteer Reference Form

Applicant's Name: _____ Date: _____

Your Name: _____

Relationship to Applicant: _____

If you are their Pastor, please list your church name and address:

How long have you known the applicant? _____

How would you rate the applicant regarding the following?

5 – EXCELLENT	4 – GOOD	3 – SATISFACTORY	2 – FAIR	1 – POOR
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DEPENDABILITY	
SPIRITUAL MATURITY	
COMMUNICATION SKILLS	
COOPERATION	
COMPASSION/MERCY	
ABILITY TO MAINTAIN CONFIDENTIALITY	
ABILITY TO TAKE DIRECTION	
INITIATIVE	
RELIABILITY	

Please write a paragraph describing the qualities that you see in the applicant or other information helpful to our consideration of the applicant as a volunteer at Compassion Pregnancy Center. Feel free to use the reverse side of this form if necessary. Thank you!