



Child Evangelism Fellowship® of Ireland

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VOLUNTEER REFERENCE FORM

*Please complete this form using **BLOCK CAPITALS**. Thank you.*

..... has expressed an interest in becoming a volunteer, and has given your name as a referee. This post involves substantial access to children. As an organisation committed to the welfare and protection of children, we are anxious to know if you have any reason at all to be concerned about this applicant being in contact with children or young people.

Yes/No

If you have answered 'Yes' we will contact you in confidence.

All the information contained on the form will remain absolutely confidential, and will only be shared with the applicant's immediate supervisor should he/she be offered a volunteer position. We would appreciate you being extremely candid in your evaluation of this person.

How long have you known this person?

In what capacity?

What attributes does this person have that would make him/her a suitable volunteer?

.....
.....

How would you describe his/her personality?

.....
.....

Please rate this person on the following (Please tick one).

	Poor	Average	Good	Very Good	Excellent
Responsibility					
Maturity					
Self Motivation					
Christian Conduct					
Commitment					
Teachability					
Trustworthiness					
Reliability					

Name of Referee:

Signature: Date: