

Mount Tabor United Methodist Church
3543 Robinhood Road
Winston Salem, NC 27106

Safe Sanctuaries Policies – July 2017

**Reference Check Form
For Staff or Volunteers Working with Children, Tweens or Youth**

Applicant Name: _____

Reference Name: _____

Reference Address: _____

Reference Phone Number: _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to Children and/or Youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about having the applicant as a worker with your child, Tween and/or Youth?
9. Do you know of any characteristics that would negatively affect the applicant's ability to work with Children, Tweens and/or Youth? If so, please describe.
10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
11. Please provide any other comments that you would like to make about the applicant.

Reference inquiry completed by: _____
Signature Date