

Appendix G
St. Mark's United Methodist Church
Safe Sanctuaries Policy and Procedures
Record of Contact
 (With reference identified by Volunteer Application)

Applicant Name:	
Reference Name:	
Reference Address:	
Reference Phone Number:	
Person Making Reference Contact:	
Date and Time of Contact:	
Method of Contact:	

Introduction: _____ has applied to work/volunteer with children/youth at St. Mark's United Methodist Church and has given us your name as a reference. Would you mind answering a few questions? The information you provide will be kept confidential.

Using a scale of 1-10 (1-poor, 10-excellent) or the word Unknown, please rate the applicant's personality or abilities.

Responsible _____ Exercises good judgment _____ Patient _____
 Dependable _____ Sensitive to needs of others _____ Observant _____
 _____ Encouraging _____ Teaching/Coaching Skills _____ Caring _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. In what settings have you observed the applicant?
4. How would you describe the applicant's ability to relate to children/youth/vulnerable adult?
5. How would you describe the applicant's ability to relate to adults?

6. Do you know any characteristics that would negatively affect the applicant's ability to work with children? If so, please describe.

7. Would you want the applicant as a volunteer worker with your child/youth/vulnerable adult? Why or why not?

Information submitted by:

Signature

Date