



VOLUNTEER PERSONAL REFERENCE QUESTIONNAIRE

Reference Name: _____ Date: _____

Phone # _____

Volunteer Name: _____

If information is taken by phone, name of person taking information: _____

Return by Mail: A New Leaf
Attn: Kat Connelly
868 E University Drive
Mesa, AZ 85203

Or Fax: 480-733-3015

Please fill out each question completely. If the question does not apply, please write in N/A.

1. How long have you known the above referenced individual? _____

2. What is your relationship to this individual? _____

3. Do you feel this individual is qualified to serve as a volunteer? _____

4. What characteristics does this individual have that would qualify them as a volunteer in our program? _____

5. Do you feel there is any reason this individual may not be suitable to serve as a volunteer in our program? Please explain in as much detail as possible. _____

Please complete attached Volunteer Skills Evaluation.

PERSONAL REFERENCE VOLUNTEER SKILLS EVALUATION

The following questions assist us in placing volunteers in an area where their skills will most benefit our agency and the clients we serve. Please mark the boxes that most closely match this volunteer's skill levels.

	Excellent	Good	Fair	Poor
<u>COMMUNICATION SKILLS</u> (Ability to talk to others)				
<u>WORK ETHICS</u> (Ability to work hard, take pride in work)				
<u>DEPENDABILITY</u> (Ability to commit, follow through on assignments, be punctual)				
<u>DIRECTIONS</u> (Ability to follow oral and written instructions)				
<u>GENERAL ATTITUDE</u> (Respect for others, positive outlook on life)				

ADDITIONAL COMMENTS

Thank you for your assistance.

Rev. 9/23/09