

# Cedar Springs Presbyterian Church Children's Ministry Reference Questionnaire

\_\_\_\_\_ Department

Your name was given as a reference by \_\_\_\_\_ who has applied or volunteered for the position of \_\_\_\_\_ in our church. All workers with minors must have on file a record of reference contacts. Please complete the questionnaire and return it as soon as possible in the enclosed envelope. The above person  
† has, † has not, waived the right to review comments of references. Thank you for your prompt attention to this matter.

1. How long have you known the above person? \_\_\_\_\_ In what capacity? (your relationship)

\_\_\_\_\_  
\_\_\_\_\_

2. How do you feel about his/her emotional and physical ability to handle the responsibilities involved in providing childcare? \_\_\_\_\_

\_\_\_\_\_

3. Have you observed him/her with children? \_\_\_\_\_ If so, in what situations and what particular skills? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any concerns about his/her ability to provide childcare? \_\_\_\_\_

If so, please explain. \_\_\_\_\_

5. Do you know of any conditions making him/her unsuitable for working with children? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

\_\_\_\_\_

6. Additional comments (use back if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Date