

GATEWAY COMMUNITY CHURCH

Volunteer Reference Form

Name _____ Date _____

Address _____ Phone _____

Name of person being referenced _____

1. How long have you know this person? _____
2. In what capacity have you know this person? _____
3. Have you ever observed this person interact with children? Please describe. _____

4. Do you have personal knowledge, or have you ever heard of this person having any problem with the abuse of drugs, alcohol, sex, or abuse of anything else? _____

5. Can you recommend that this person be in a position of caring for children without any concern, reservation, or hesitation?
Yes ___ No _____

Please explain: _____

6. Is there any additional information that you think is important for our church to know about this person? _____

Thank you for your time and effort in completing this survey.

To the best of my knowledge, I believe the above information to be accurate.

Signature _____ Date _____

Please return to:
Gateway Community CRC Church office