

EMPLOYEE & VOLUNTEER REFERENCE CHECK FORM
Memorial Drive United Methodist Church
Memorial Drive Children's Weekday School

(One Sheet per Reference. References must be from individuals who are not related to you.)

Name of Applicant: _____

Name of Reference: _____

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. What three words best 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?

(Over)

8. How would you feel about having the applicant as a volunteer worker with your child and /or youth?

9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe. Yes_____
No _____

10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe. Yes _____ No _____

Additional Comments:

Reference inquiry completed by:

Print Name _____ Phone # _____

Address _____

Signature: _____ Date _____

Please return to:

Memorial Drive United Methodist Church

Attn: _____

(713) 468-8356 (General church phone number)

12955 Memorial Drive

Houston, Texas

77079