

VOLUNTEER REFERENCE FORM

_____ has applied for a Volunteer position for CareNet Pregnancy Medical Center. CareNet would appreciate a confidential statement from you concerning the applicant evaluating his/her ability to undertake Christian ministry. Please complete and return this form in the envelope provided. Thank you for your time.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord of their lives
2. A dependable, responsible attitude: a willingness to give of themselves to the women with whom they work.
3. A steadfast and faithful confidence in the Word of God and an ability to communicate its truth.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Have you had the opportunity to work with them in any way? _____ If yes, where and in what capacity? _____

What do you perceive their greatest strengths to be? _____

What do you perceive to be their greatest weakness to be? _____

The applicant may have the opportunity to work with minors and women who are in a crisis. Do you know of any legal reason that I should not allow them to work at the Center? _____
If so, what would that reason(s) be? _____

How does the applicant respond to those in authority and to those whom they lead? _____

What in your opinion, does the applicant do best? _____

How does the applicant deal with conflict? _____

(Over)

	Superior	Above Average	Average	Below Average	Don't Know	Comments
Kindness & Generosity						
Moral Integrity						
Patience						
Perseverance						
Self-Discipline						
Listens Well						
Desire to Serve God						
Spiritual Influence on Others						
Spiritual Maturity						
Theological Insight						
Completes Assigned Tasks						
Teachable						
Plans Ahead						
Punctuality						
Wise Use of Time						
Working With Others						
Compassionate						
Dependability						
Communication Skills						
Cooperation						
Submission to Authority						
Initiative						

Please indicate whether your recommendation is given:

_____Enthusiastically _____Strongly _____Fairly Strongly _____Without Enthusiasm _____With Reluctance

Please mail form to:

CareNet Pregnancy Medical Center
P.O. Box 765
Dickson, TN 37056

_____Your Name

_____Daytime phone number

Thank you

_____Signature