



VOLUNTEER REFERENCE

Volunteer Applicant – Please print your name and address below and sign and date. Then, in the box provided, please print the name and address of one reference that you have known for at least one year and is not a relative. (We need two references; you will fill out two forms). Appropriate references could include a teacher, an employer, a coach or mentor, a religious teacher, a co-worker, a personal friend, etc. Return the forms to the NLAM Volunteer Coordinator so the reference forms can be sent.

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| Name of Volunteer Applicant: |
| Telephone #: |
| Email address: |

I, _____, have applied for a volunteer position at No Longer Alone Ministries and have given your name as a personal / professional reference. I give permission for the release of the reference information to No Longer Alone Ministries.

Applicant Signature: _____ Date: _____

Referring Party – The person named above is applying for a volunteer position at No Longer Alone Ministries. We are a non-profit organization that cares for individuals and families dealing with mental illness. References are an important part of the application process because volunteers are considered partners in our ministry. Your honest input is essential to the selection process. This reference is confidential and will become part of the individual's file with us. Thank you very much for your time and assistance.

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| Name of Reference: |
| Street Address: |
| City/State/Zip: |
| Telephone: |
| Email address: |
| 1. How long have you known the applicant? |

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| <p>2. In what capacity have you known the applicant?</p> |
| <p>3. What do you consider to be the applicant's strengths and how have they been demonstrated?</p> |
| <p>4. In what areas do you feel the applicant needs improvement?</p> |
| <p>5. Would you recommend the applicant in this setting? <u> </u> Yes <u> </u> No</p> |
| <p>6. If Yes, list any suggested areas or tasks you would recommend. If No, please explain why.</p> |
| <p>7. Please evaluate the applicant in the following areas using the scale where 1= poor and 5=excellent:</p> <p><u> </u> Honesty</p> <p><u> </u> Ability to work as a team</p> <p><u> </u> Communication effectiveness</p> <p><u> </u> Dependability</p> <p><u> </u> Flexibility</p> |
| <p>8. Any additional comments from you:</p> |

Reference Signature _____ **Date:** _____

Please complete this form and return it within one week in a sealed envelope to No Longer Alone Ministries at 630 Janet Ave Ste A107, Lancaster, PA, 17601-4541. Please contact the NLAM Volunteer Coordinator at 737-490-4891 x 101 if you have any questions about this form or if you need further information. Thank you for your assistance!