

CONFIDENTIAL REFERENCE



Your Name: _____ Your Phone Number: _____

Your Email: _____

Applicant's Name: _____

Prospective Volunteer Role(s): _____

How long have you know the applicant? _____

In what capacity? _____

How well do you know the applicant? Very well Well Fairly well Slightly

What would you consider to be the three greatest assets the applicant would bring to Blue Ridge Women's Center?

How would you describe the way the applicant handles responsibilities?

Please check the statement that best expresses your thoughts about the applicant's suitability to volunteer for the Blue Ridge Women's Center:

- | | |
|---|--|
| <input type="checkbox"/> This applicant receives my highest recommendation. | <input type="checkbox"/> I recommend this applicant with some reservation. |
| <input type="checkbox"/> I recommend this applicant with confidence. | <input type="checkbox"/> I would not recommend this applicant to volunteer in this capacity. |

Do you have any comments or concerns about this applicant that you would prefer to discuss in person? Yes No

Your Signature: _____ Date: _____

We appreciate you providing your contact information above in case we have further questions.

THANK YOU!

Please return completed reference form to:

Blue Ridge Women's Center • 5034 Williamson Road NW • Roanoke, Virginia 24012

Questions? Give us a call at 540 362 3007 • barbarab@blueridgewoman.org