

**WRITTEN REFERENCE CHECK
For CARE PROVIDER APPLICANT
WEST MICHIGAN CONFERENCE
Of the UNITED METHODIST CHURCH**



*Thank you for taking the time to provide and return
this reference with seven (7) days to:*

_____ *the event director's name*

_____ *event name*

_____ *address*

_____ *telephone number*

APPLICANT'S NAME: _____

NAME OF REFERENCE: _____

PHONE NUMBER: _____

1. How long have you known the applicant?

Where and in what context have you known the applicant?

How well do you know the applicant?

What were/are her/his primary responsibilities?

2. How would you describe the applicant's ability to relate to children? Youth? Adults with special needs? Other adults?

3. How would you describe the applicant's leadership abilities?

How do you describe the applicant's ability to follow through on his/her commitments?

4. Do you have personal knowledge, or have you ever heard of the applicant having any problems with any abusive behavior (for example, drugs, alcohol, sexual, etc.)?

5. Do you have any reason to believe that the applicant should not work closely with adults with special needs, children or youth? Yes No

Please explain:

6. Would you feel comfortable having this person entrusted with the care of your loved ones whether they are adults with special needs, children, or youth? Yes No

Please explain:

7. What other comments do you want to make about this person?

Reference inquiry completed by:

Interviewer's Printed Name

Interviewer's Signature

Date

Thank you for taking the time to provide and return this reference within seven (7) days to the event director at the address shown above.

[POLICY Section I.C.2. & E.3.]