

**Volunteer Reference Form**

The applicant must type or print his/her name and print the reference’s information where indicated.    Please give the letter to your reference and ask him/her to complete and return to:

St. Matthew Catholic Church

Attn:  Susan Clifton

1001 Mason Rd. Durham, NC 27712

TO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Reference name and address)

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 (Reference phone number) (Reference e‐mail)

RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant’s name)

The above‐named individual applied to volunteer at St. Matthew.  Please answer the following questions. This letter of recommendation is confidential and will not be accessible to the applicant. Thank you for your time and for helping our community at St. Matthew to find qualified people to work with our children and youth.

How long have you known the applicant?

 The applicant will be working with children either individually, or as part of a group. Do you have any concerns with this applicant being around children?

If so, please explain your concerns.