DIOCESE OF FORT WORTH

Ministry Volunteer Reference Check

Reference's Name: _____

Reference's Address: _____

Reference's Phone #: _____

Reference's Email Address: _____

The volunteer applicant named below has applied for a position of trust working with children and youth, the elderly, the economically disadvantaged, and/or other vulnerable people in our parish community. The applicant has given your name as a reference and waived his/her rights provided by the Family Education Rights and Privacy Act of 1974 to inspect this letter of reference. Your assessment of the person will help us in guiding his/her involvement as a ministry volunteer. The information you give will remain confidential. Thank you.

Applicant's Name: _____

1. How long have you known the applicant and in what capacity?

2. Have you ever observed the applicant working with children? Yes ____ No ____
   If yes, what did you observe?

3. Have you ever observed the applicant working with the elderly? Yes ____ No ____
   If yes, what did you observe?

4. Have you ever observed the applicant working with economically-disadvantaged people?
   Yes ___ No ____ If yes, what did you observe?

5. What age group(s) do you think the applicant is best able to serve?

6. What talents/gifts would the applicant be able to bring to their ministry?

7. Do you feel this applicant has any problems or limitations which would impede his/her volunteering in ministry?

8. Please rate the applicant on the following characteristics (1=weak, 5=strong, NK=no Knowledge)

	1	2	3	4	5	NK
Relates well with children and/or youth						
Relates well with adults						
Reliability						
Ability to work with a team						
Ability to express oneself						
Ability to take criticism						
Sense of confidence in self						

9. To the best of your knowledge (please circle yes or no):

Have there been complaints about the applicant behaving improperly with minors? Yes No

Have there been complaints about the applicant behaving improperly with adults? Yes No

Have there been allegations of abuse against the applicant? Yes No

Has the applicant been disciplined or terminated from a position working with minors due to inappropriate behavior or abuse? Yes No

10. Would you trust the care of your children or your senior parent to this person? Yes No

11. In your opinion, are there any reasons why placing vulnerable clients in the care of the applicant would expose the clients to undue risk or harm?

The information I have given is accurate to the best of my knowledge.

Printed Full Name:_____ Date: _____

Signature: _____

Please return to: Theresa Gaitan

3312 Dryden Rd.

Fort Worth, TX 76109

OR email to: tgaitan@standrewcc.org

OR drop of at Pastoral Center