



REFERENCE CHECK QUESTIONNAIRE:

Reference's Name: _____ Phone #: _____

Applicant's Name: _____

Relationship of Applicant to Reference: _____

How long have you known the applicant: _____

In what capacity do you know the applicant: _____

Please indicate how well you know the applicant?

- Very Well Well Fairly Well Sort of Hardly at all

In the following list, please choose any of the characteristics that would best describe the applicant:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mature | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Warm | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Touchy | <input type="checkbox"/> Happy | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Selfish | <input type="checkbox"/> Loud | <input type="checkbox"/> Irresponsible |
| <input type="checkbox"/> Insecure | <input type="checkbox"/> Nervous | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Tactless | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Self-starting | <input type="checkbox"/> Easygoing | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Lazy | <input type="checkbox"/> Headstrong | <input type="checkbox"/> Critical |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Tactful | <input type="checkbox"/> Superficial |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Moody | <input type="checkbox"/> Opinionated |
| <input type="checkbox"/> Sensible | <input type="checkbox"/> Humble | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Conceited | |

Do you have any concerns about this person in a position of trust, working with vulnerable groups? Yes No

Are there any groups the applicant might be uncomfortable working with?

In the list below, please rate the characteristics you have had the ability to observe:

(1 - Excellent, 4 – Poor): 1- Excellent 2- Good 3- Fair 4- Poor 5- I don't know

- | | |
|---|--|
| <input type="checkbox"/> Ability to Lead | <input type="checkbox"/> Initiative |
| <input type="checkbox"/> Ability to work well as part of a team | <input type="checkbox"/> Integrity |
| <input type="checkbox"/> Capacity to work | <input type="checkbox"/> Willingness to accept criticism |
| <input type="checkbox"/> Concern for children | <input type="checkbox"/> Tolerance of persons who differ |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Communication skills |
| <input type="checkbox"/> Emotionally Stable | |

What type of supervision do you feel the applicant would require? Why?

How would you know if the applicant was stressed? _____

What one word would you use to best describe the applicant? _____

OFFICE USE:

Interviewer's comments and recommendations:

Signature of Applicant: _____ Date: _____

Please return to SNA's:

Volunteer Coordinator

P: 519-249-1200 E: silverheightsneighbourhood.com



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| <input type="checkbox"/> Sensible | <input type="checkbox"/> Humble | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Conceited | |

Do you have any concerns about this person in a position of trust, working with vulnerable groups? Yes No

Are there any groups the applicant might be uncomfortable working with?

In the list below, please rate the characteristics you have had the ability to observe:

(2 - Excellent, 4 – Poor): 1- Excellent 2- Good 3- Fair 4- Poor 5- I don't know

- | | |
|---|--|
| <input type="checkbox"/> Ability to Lead | <input type="checkbox"/> Initiative |
| <input type="checkbox"/> Ability to work well as part of a team | <input type="checkbox"/> Integrity |
| <input type="checkbox"/> Capacity to work | <input type="checkbox"/> Willingness to accept criticism |
| <input type="checkbox"/> Concern for children | <input type="checkbox"/> Tolerance of persons who differ |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Communication skills |
| <input type="checkbox"/> Emotionally Stable | |

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How would you know if the applicant was stressed? _____

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Do you have any concerns about this person in a position of trust, working with vulnerable groups? Yes No

Are there any groups the applicant might be uncomfortable working with?

In the list below, please rate the characteristics you have had the ability to observe:

(3 - Excellent, 4 – Poor): 1- Excellent 2- Good 3- Fair 4- Poor 5- I don't know

Ability to Lead

Initiative

Ability to work well as part of a team

Integrity

Capacity to work

Willingness to accept criticism

Concern for children

Tolerance of persons who differ

Dependable

Communication skills

Emotionally Stable

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