Confidential Reference Form for Adults Working with Children/Youth in SIL

Part I: Applicant

The applicant listed below is formally applying to volunteer or work with children/youth with SIL. As a part of the application process, it is requested that each applicant send this reference form to one person who is uniquely familiar with his/her ability, potential, and past performance in working with children/youth. Please complete the applicant portion before sending.

Your prompt attention in completing this form and returning it to us is greatly appreciated. Your reply will be considered strictly confidential. **It is requested that you select a reference who can comment on your service with children/youth, such as an evaluator or supervisor.**

Applicant Name: _____
First Middle Last

Position Desired: _____

Name of Reference: _____

School/Business: _____

Phone: _____

To Applicant: All applications and accompanying records become the property of SIL and are not available to applicants. Many people will not complete a reference unless confidentially can be assured. I agree for this reference to be confidential, and by signing and dating the waiver of access below, I, the undersigned, waive any right of access to this reference.

Signature of applicant: _____

Date: _____

Part II: Reference

We would appreciate your assistance in the evaluation of this person by answering the following issues. Please return the completed application to SIL. An early reply will be appreciated and the information will be treated confidentially. Thank you for your help.

1 = Exceptional 2 = Satisfactory 3 = Needs improvement N = Not observed

If the applicant needs improvement in any area, please explain under additional comments.

ISSUES	VALUE
1. Integrity - honest, actions agree with words	
2. Teaching skills	

3. Sound judgment in decision making	
4. Interpersonal skills: ability to relate to children/parents	
5. Demonstrates balanced concern for people and task	
6. Planning and organizational skills	
7. Moral purity	
8. Level of maturity	
9. Flexibility / Adaptability	
10. Ability to supervise children/youth well	
11. Would you want this applicant to work with your child? (circle one)	Yes Unsure

1. How long have you known the applicant? _____ In what capacity? _____

_____

2. Would you hire this applicant? Yes ___ No ___

3. Do you know of any reason why this applicant would not be a desirable staff member to serve with children/youth? _____ If yes, please state the reason.

_____

4. Is there anything else you would like us to know about this applicant?

_____

_____

_____

_____

Date Signature of Reference

_____

Address

Please return form to: