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

Part I: Filled out by Applicant

The applicant listed below is formally applying to volunteer or work with children/youth with SIL. As a part of the application process, each applicant will send this reference form to **two** people who are familiar with their abilities, potential, and giftedness. (e.g. pastor, youth leader, mentor, trusted adult friend, etc.) The youth applying to work with children should fill out **Part I** before giving it to their reference(s).

Applicant Name: _____
First Middle Last

Position Desired: _____

Name of Reference: _____

Relationship with Reference Person: _____

Phone: _____ Email contact: _____

All applications and accompanying records become the property of SIL and are not available to the applicants. Some people will not complete a reference unless confidentially can be assured.

I, _____,
(PRINT name of applicant)
agree for this reference is to be confidential, and by signing and dating the waiver of access below, I waive any right of access to this reference.

Signature of applicant: _____

Date: _____

Part II: Filled out by Reference Person

Reference person: We would appreciate your assistance in the evaluation of young person by answering the following questions. Your prompt attention in completing this form and returning it to us is greatly appreciated. Your reply is considered confidential. Please return the completed application to the SIL person named at the bottom. 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. Ability to work with children	
3. Sound judgment in decision making	
4. Interpersonal skills: ability to relate to children/parents	
5. Demonstrates balanced concern for people	
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 Person: _____

Contact Phone or Email: _____

Please return form to: