

VOLUNTEER REFERENCE FORM

_____ has applied for a Volunteer position for CareNet Pregnancy Medical Center. CareNet would appreciate a confidential statement from you concerning the applicant evaluating his/her ability to undertake Christian ministry. Please complete and return this form in the envelope provided. Thank you for your time.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord of their lives
2. A dependable, responsible attitude: a willingness to give of themselves to the women with whom they work.
3. A steadfast and faithful confidence in the Word of God and an ability to communicate its truth.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Have you had the opportunity to work with them in any way? _____ If yes, where and in what capacity? _____

What do you perceive their greatest strengths to be? _____

What do you perceive to be their greatest weakness to be? _____

The applicant may have the opportunity to work with minors and women who are in a crisis. Do you know of any legal reason that I should not allow them to work at the Center? _____

If so, what would that reason(s) be? _____

How does the applicant respond to those in authority and to those whom they lead? _____

What in your opinion, does the applicant do best? _____

How does the applicant deal with conflict? _____

(Over)

| | Superior | Above Average | Average | Below Average | Don't Know | Comments |
|-------------------------------|----------|---------------|---------|---------------|------------|----------|
| Kindness & Generosity | | | | | | |
| Moral Integrity | | | | | | |
| Patience | | | | | | |
| Perseverance | | | | | | |
| Self-Discipline | | | | | | |
| Listens Well | | | | | | |
| Desire to Serve God | | | | | | |
| Spiritual Influence on Others | | | | | | |
| Spiritual Maturity | | | | | | |
| Theological Insight | | | | | | |
| Completes Assigned Tasks | | | | | | |
| Teachable | | | | | | |
| Plans Ahead | | | | | | |
| Punctuality | | | | | | |
| Wise Use of Time | | | | | | |
| Working With Others | | | | | | |
| Compassionate | | | | | | |
| Dependability | | | | | | |
| Communication Skills | | | | | | |
| Cooperation | | | | | | |
| Submission to Authority | | | | | | |
| Initiative | | | | | | |

Please indicate whether your recommendation is given:

_____Enthusiastically _____Strongly _____Fairly Strongly _____Without Enthusiasm _____With Reluctance

Please mail form to:

CareNet Pregnancy Medical Center
P.O. Box 765
Dickson, TN 37056

Print Your Name

Daytime phone number

Thank you

Signature