

FIRST UNITED METHODIST CHURCH OF CORVALLIS

1165 NW Monroe Ave.
Corvallis, OR 97330
541.752.2491

Reference Response Information

To: _____
Name of Reference

From: _____
Address

Regarding: _____
Name of Worker Candidate

To Whom it May Concern:

You have been listed as a reference by the above individual, who has expressed an interest in working with children or youth in our ministry. In order for our organization to properly evaluate the qualifications of this worker candidate, we would like you to complete this form with your honest opinions and impressions of the candidate.

Once completed, please return this form to our organization in the enclosed envelope. Thank you for your assistance in this regard.

[Information may be obtained over the phone in lieu of mailing to reference.]

1. How long have you known the above individual? _____
2. In what capacity have you come to know this individual? (i.e. coworker, neighbor, friend, etc.)

3. In your opinion, is the above worker candidate fully qualified to work with children and youth? Yes No (If No, explain below)
4. What concerns, if any, would you have in allowing this individual to work with children or youth?

5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth? Yes No (If Yes, explain below)

Additional comments or explanations:

The above information is true and correct to the best of my knowledge:

Signature _____ Date: _____

Please return this form at your earliest convenience to: _____

Thank you.