

# GATEWAY WOODS

## Family Services

### VOLUNTEER REFERENCE FORM

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this reference form in regard to the applicant's suitability to volunteer at Gateway Woods, a residential facility for adolescents. We appreciate your honest opinion and hope that you will feel free to express any concerns that you may have. If you wish to further discuss any issues, please call the Gateway Woods office at (260) 627-0220. Thank you for your assistance.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Length of time acquainted: \_\_\_\_\_

1. Please list strengths and weaknesses of the individual.

**Strengths:**

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**Weaknesses:**

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2. Evaluate the applicant. (1=almost never 2=seldom 3=sometimes 4=often 5=almost always)

Social/Emotional:

- Considerate of others 1 2 3 4 5
- Discreet to opposite sex 1 2 3 4 5
- Even-tempered 1 2 3 4 5

Spiritual:

- Faithful in Christian walk 1 2 3 4 5
- Consistent 1 2 3 4 5
- Strong personal witness 1 2 3 4 5

Personal:

- Ability to follow guidelines 1 2 3 4 5
- Dependable 1 2 3 4 5
- Common sense and judgment 1 2 3 4 5

Please add comments on any of the above.

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3. Is there anything about this individual that would hinder their work with children?

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Please return the completed reference form to:

P.O. Box 125  
Leo, IN 46765  
GatewayWoods.org

Gateway Woods  
Attn. Volunteering  
P.O. Box 125  
Leo, Indiana 46765

Ph: 260/627-0220  
Fax: 260/627-3601