

APPENDIX E

POLICY OF THE TOWSON UNITED METHODIST CHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

VOLUNTEER REFERENCE CHECK FORM
The Towson United Methodist Church

(One Sheet per Reference)

Name of Applicant: _____

Name of Reference: _____

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. How well do you know the applicant?

4. How would you describe the applicant?

5. How would you describe the applicant's ability to relate to children and/or youth?

6. How would you describe the applicant's ability to relate to adults?

7. How would you describe the applicant's leadership abilities?

8. How would you feel about having the applicant as a volunteer Worker with your child and/or youth?

9. Do you know of any characteristics that would negatively effect the applicant's ability to work with children and/or youth? If so, please describe.

10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

Additional Comments:

Reference inquiry completed by (Print Name): _____

Signature: _____ Date: _____

Please return to:
The Towson United Methodist Church
501 Hampton Lane
Towson, MD 21286
(410) 823-6511, fax (410) 823-8916
Attn: _____