

# Blue Ridge *W*omen's Center

## C O N F I D E N T I A L   R E F E R E N C E

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

Applicant's Name: \_\_\_\_\_

Prospective Volunteer Role(s): \_\_\_\_\_

Reference's Name: \_\_\_\_\_

Reference's Phone Number: \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

How well do you know the applicant?                       Very well                       Well                       Fairly well                       Slightly

What would you consider to be the three greatest assets the applicant would bring to Blue Ridge Women's Center?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you describe the way the applicant handles responsibilities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the statement that best expresses your thoughts about the applicant's suitability to volunteer for Blue Ridge Women's Center:

This applicant receives my highest recommendation.

I recommend this applicant with confidence.

I recommend this applicant with some reservation.

I would not recommend this applicant to volunteer in this capacity.

Do you have any comments or concerns about this applicant that you would prefer to discuss in person?

Yes

No

T H A N K   Y O U !

Please return completed reference form to:

Blue Ridge Women's Center • 5034 Williamson Road NW • Roanoke, Virginia 24012