

Hearts Across Romania

Volunteer Reference Form

Thank you for taking the time to fill out this *Volunteer Reference Form*- your input is greatly appreciated. The information you provide will be considered confidential.

Applicant Information

Applicant's First Name: _____

Applicant's Last Name: _____

Today's Date: _____

(DD/MM/YYYY)

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Using a scale of 1-5, please rate each of the qualities of the applicant (circle the appropriate rating) to the extent of your knowledge for the following 10 questions.

If you have not had an opportunity to observe the applicant in the below situations, please do not answer.

Poise and ease in meeting people

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

Positive attitude toward difference in people

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

Ability to communicate clearly and effectively

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

Dependability

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

Flexibility when plans change with little notice

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

Ability to follow rules

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

Willing to take initiative

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

Willingness to assume responsibility

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

Ability to get along with others in a group setting

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

Respect for diversity and other cultures

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

Does the applicant, as far as you know, have any limitations that might impact his/her ability to perform in a volunteer role? Please circle:

No

Yes (please explain): _____

Please share any additional valuable comments about the volunteer applicant: _____

Your Information

Your First Name: _____

Your Last Name: _____

Your Email Address: _____

Your Contact Number: _____

Your relationship to applicant: _____

Print Name: _____

Signature: _____

Date: _____

Please mail completed form to:

Hearts Across Romania
2544 Brookside Drive
Irving, TX 75063