

Oakdale Emory United Methodist Church
Reference Check Form
(One Sheet per Reference)

Name of Applicant (Print Name): _____

Name of Reference (Print Name): _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? _____

How would you describe the applicant? _____

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

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

How would you describe the applicant's leadership abilities? _____

How would you feel about having the applicant as a volunteer worker with your child and/or youth? _____

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

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

Additional Comments: _____

Signature: _____ Date: _____

Please return to: Oakdale Emory United Methodist Church
Attn: Leslie Myers
3425 Emory Church Road
Olney, MD 20832
301-774-2030, fax 301-774-3157