



A sanctuary empowering personal growth, faith, and knowledge within community.

REFERENCE FORM

Please review and complete.

Mail or fax completed forms to address/fax number below.

References are required for applicants to certify their work with children, youth, and/or vulnerable persons. The information you share will be held in strict confidence.

Lake Louise volunteer applicant's name _____

Reference's name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? _____

On a scale of 1 to 5 with 5 being exceptionally well-balanced, please rate the applicant's emotional stability

1

2

3

4

5

Please describe the character of the applicant _____

Please describe the applicant's ability to relate to and work with children, youth, and/or vulnerable persons.

Please describe the applicant's leadership abilities.

Do you know of any history or characteristics that would negatively affect the applicant's ability to work with children, youth, or vulnerable persons?

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

Signature _____

Date _____