



UNIVERSITY of NEW HAMPSHIRE  
COOPERATIVE EXTENSION

**CONFIDENTIAL REFERENCE QUESTIONNAIRE**

(Phone or Mail)

Volunteer Applicant's Name \_\_\_\_\_

Your Name \_\_\_\_\_

Check box if you **DO NOT** wish to provide a reference for this person.

Sign, date and return to the address on the back. Thank you for your consideration.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

=====

Your Phone Numbers	Best Time to Call	Your Phone Numbers	Best Time to Call
--------------------	-------------------	--------------------	-------------------

**Daytime** \_\_\_\_\_ a.m. or p.m. **Evening** \_\_\_\_\_ a.m. or p.m.

**Cell** \_\_\_\_\_ a.m. or p.m. **E-mail** \_\_\_\_\_

**CIRCLE, CHECK AND RATE ALL THAT APPLIES FOR EACH QUESTION/STATEMENT**

1. What is the nature of your relationship with this applicant?

Employer    Friend    Neighbor    Family Friend    Counselor    Teacher    Relative    Co-Worker

Other \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. How well do you know the applicant?                      Very well              Fairly well              Somewhat              Not Well

4. Please rate the applicant in the following areas using a scale of 1-5.

<b>1= Poor</b>	<b>2</b>	<b>3 = Average</b>	<b>4</b>	<b>5= Excellent</b>	<b>DK = Don't Know</b>
___ Ability to work with youth		___ Enjoys working with youth		___ Social Skills	
___ Ability to work with adults		___ Inclusive of all people		___ Compassion	
___ Sense of responsibility		___ Non-Judgmental		___ Dependability	
___ Ability to organize		___ Listening skills		___ Positive role model for youth	
___ Follow through on commitments					

5. Please comment on any of the above abilities, using specific examples, when possible.

6. What other qualities, skills, or resources does this person have that will benefit 4-H?

7. Due to safety issues, rules and guidelines must be followed in the 4-H program. Please comment on the applicant's willingness to operate within a structured program.
8. 4-H involves people of varied backgrounds and life styles. How would you rate this applicant's ability to be objective and non-judgmental working with a diverse population?
- Accepting of others     
  Very Accepting of others     
  Critical of others who live or act differently  
 Somewhat bothered by lifestyles or values different from own     
  Don't know
9. If you are aware of any limitations that would make this person an unsuitable volunteer to be working with youth, please describe them.
10. Would you be comfortable having your child or children you know under the guidance of this person?
- Yes     No  
***If No, please explain.***
11. To the best of your knowledge, has this person ever been convicted or had a history of:
- |                        | Yes   | No    |
|------------------------|-------|-------|
| Child abuse or neglect | _____ | _____ |
| Drug Abuse             | _____ | _____ |
| Alcohol Abuse          | _____ | _____ |
| Driving Violations     | _____ | _____ |
| Any other Crime        | _____ | _____ |
12. Is there anything else you think we should know about this applicant?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for taking to the time to help with the screening process of this applicant.*

**PLEASE RETURN TO:**

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Initial \_\_\_\_\_

Comments \_\_\_\_\_