

Douglas-Cherokee Head Start/Early Head Start  
Community Volunteer Reference Check Form

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

Reference Name & Phone Number: \_\_\_\_\_

Volunteer Applicant: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity have you known him/her? \_\_\_\_\_

How would you describe this person?

Well liked  
Friendly  
Understanding  
Impatient

Dependable  
Responsible  
Good Listener  
Uncooperative

Responsive  
Patient  
Trustworthy  
Critical

Do you feel this person enjoys people and would be good working with children?

Are you aware of any reason he/she should not work with children?

What would you consider his/her strengths to be?

Additional comments

Signature or verified by: \_\_\_\_\_

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