Volunteer Reference

Applicant: Please duplicate this form. Two professional references (such as employer, professor, clergy, community leader, etc) are needed.

Please email completed form to detroit@soar-us.org

Reference signature___

Applica	ant's Name			
Name	of Reference			
Relatio	nship to Applicant			
Phone				
Email				
1.	How long have you known the application Less than one year One year		Other	
2.	How well do you know the applicant? Intimately Well Ca			
3.	Instructions: Please evaluate the perf below, and according to the scale indiscale: 1. Needs Improvement	icated.		ted to the qualities listed 4. Not Applicable/Unknown
	Industrious Open-Minded Communicates Effectively Enthusiastic Prompt Generous Works well with minimal supervision Patient Cheerful Good Judgment Honest Approachable Adaptable Coping Skills Sociable Responsible Time management	123_ 123_ 123_ 123_ 12_3_	4 4	
•	Leadership Ability Sense of Humor Concern for Others Emotional Stability	123_ 123_ 123_	4 _4	