



VOLUNTEER REFERENCE FORM

To be completed by a supervisor, teacher, counselor, clergy, or an adult non-family member who knows the applicant well. Please print clearly or type.

Volunteer Applicant: _____ Date: _____

Reference Name & Relationship to Applicant: _____

The individual named above has applied to become a volunteer at Charles E. Smith Life Communities. Your name was given as a personal reference. Please check the appropriate boxes that best describe the qualities that you have observed in the applicant. Your assessment will be kept confidential.

Traits	SUPERIOR	GOOD	AVERAGE	FAIR	POOR	N/A
Cooperation with others						
Responsibility						
Dependability						
Punctuality						
Maturity						
Honesty & Integrity						
Enthusiasm						

1. How long have you known the applicant? _____

2. Would you recommend this person to work with the elderly? Yes No

3. Additional comments: _____

Signature: _____

Please return this form in a sealed envelope to the applicant or mail to:

Charles E. Smith Life Communities

Volunteer Program

6121 Montrose Road

Rockville, MD 20852

Email: mayer@ceslc.org