



Family / Friend REFERENCE

To accompany volunteer application when applying for:
Victim Services, Youth Initiatives, Court Monitoring and Public Policy

This information will be held in confidence. MADD screens volunteers in order to ensure that we have selected the best possible candidates to serve as volunteers. Therefore we request you respond to these questions as fully and frankly as possible.

Applicant's Name: _____

Reference's Name: _____

Reference's Address: _____

City, State & Zip: _____

Home Phone: () _____ Work Phone () _____

In what capacity do you know this person? _____

For how long? _____ Years _____ Months

How well? A Little Fairly Well Quite Well Exceptionally Well

Applicant is applying to volunteer in the following MADD program: (check all that apply)

Victim Services Youth Initiatives Court Monitoring Public Policy

For each of the 10 statements that follow, note the applicant's ability (to the best of your knowledge) by circling one of the numbers that corresponds to the appropriate category. If necessary, you may circle "0" if you do not know the applicant's ability.

	Not Known	Minimal	Below Average	Average	Above Average	Superior
1. She/He is sensitive to people and their problems	<input type="checkbox"/>	1	2	3	4	5
2. She/He understands the meaning and depth of other's emotions.	<input type="checkbox"/>	1	2	3	4	5
3. She/He communicates well in relationships.	<input type="checkbox"/>	1	2	3	4	5
4. She/He treats others honestly and respectfully.	<input type="checkbox"/>	1	2	3	4	5
5. She/He has good common sense.	<input type="checkbox"/>	1	2	3	4	5
6. She/He doesn't judge others.	<input type="checkbox"/>	1	2	3	4	5
7. She/He gets along well in unstructured situations.	<input type="checkbox"/>	1	2	3	4	5
8. She/He acknowledges other people's uniqueness and potential growth.	<input type="checkbox"/>	1	2	3	4	5
9. She/He is emotionally stable when faced with pressures.	<input type="checkbox"/>	1	2	3	4	5
10. She/He follows through on commitments.	<input type="checkbox"/>	1	2	3	4	5

To the best of your knowledge, does the applicant misuse alcohol or other drugs?

Can the applicant work independently? Yes No If "No", please explain/comment.

Please comment on any known challenges, risks or liabilities that we should be aware of that may impede this applicant's ability to work with vulnerable adults or children.

This applicant may be working with youth in unsupervised settings, are there any concerns we should be aware of?

Please provide any comments that were not addressed in the previous questions.

Reference's Signature: _____ Date: _____

Thank you for your time and effort in completing this reference. Please return it to our office, in confidence, to:

*MADD Northern Virginia; 1041 Sterling Road, Suite 105, Herndon, VA 20170
By fax: 703-379-1930 / Phone: 703-379-1135*