



General 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

From your perspective, does the applicant have the emotional stability, maturity and physical health to act as a support to a bereaved or injured victim, work with youth and / or work in a court environment?

Yes No Please explain:

Does the applicant follow through on his/her obligations/commitments? Please comment.

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

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

To the best of your knowledge, how does the applicant respond to people under difficult circumstances?

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?

Are there any personal or psychological challenges faced by this applicant that may affect a one on one relationship with a victim / youth or, serving as a court monitor? Please comment.

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; P.O. Box 4248, Falls Church, VA 22044

By fax: 703-379-1930 / Phone: 703-379-1135