



VIP Program
Volunteer Reference

_____ has offered to serve as a volunteer at Mount Calvary Christian School. The applicant has offered to work with students from pre-kindergarten to twelfth grade. Please answer the following questions and return this form in the enclosed stamped envelope. If you have any questions, contact the school at 367-1649. Thank you for your cooperation!

1. How long have you known the applicant? _____
2. How have you been personally involved with the applicant? (friend, family, coworker, etc.) _____
3. Do you feel this person would do well with working with students? _____
4. Would you trust the applicant to spend time alone with your child? _____
5. Please circle the word in each group that best describes the applicant. If you would like to add a more accurate word, please use the blank space to the right.

Cheerful	Moody	
Discreet	Talebearer	
Dependable	Unreliable	
Shows initiative	Unmotivated	
Thinks before acting	Impulsive	
Respectful of authority	Challenges authority	
Flexible	Unyielding	
Punctual	Often late	
Enjoys children	Tolerates children	

-- Please continue to the next page --

6. Please use the following space to indicate anything else that may be important for us to know about the applicant and his/her possible involvement with the staff and students at MCCS. _____

Thank you for taking the time to complete this form. Kindly mail it back to MCCS in the stamped envelope.

Your evaluation will be kept on file for the applicant and will not need to be completed again.

Evaluator's Name: _____

Date: _____

TO BE COMPLETED BY VOLUNTEER APPLICANT PRIOR TO GIVING THIS FORM TO THE PERSONAL REFERENCE

I have given Mount Calvary Christian School permission to request a reference from you. I do not waive my right to inspect this reference.

Volunteer's Signature: _____

Date: _____

I have given Mount Calvary Christian School permission to request a reference from you. I do waive my right to inspect this reference.

Volunteer's Signature: _____

Date: _____