

CROSSROADS SAFEHOUSE, INC.  
Personal Reference Form

Name of Reference:  
Phone Number(s):  
Volunteer/Intern Name:

1. In what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_

For how long? \_\_\_\_\_

2. Do you have knowledge of how applicant relates to people? yes\_\_ no  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you feel the applicant is able to separate personal life from volunteer work experience?\_Yes\_\_\_No\_\_\_

4. What 3 adjectives best describe the applicant's working style?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the applicant have experience working with the following:  
Minorities\_\_\_\_\_ Females\_\_\_\_\_ Males\_\_ Disabled individuals\_\_\_\_\_  
Various religions\_  
If no, do you feel that they would have any difficulty working with these populations?  
Yes\_\_\_No\_\_\_

6. How well does the applicant finish projects and activities  
begun? Very well\_\_ Well\_\_ Average\_\_ Fair\_\_ Poor

7. What level of commitment do you feel the applicant gives to volunteer/intern positions?

Low\_\_\_Medium\_\_\_High\_\_\_