



<b>POLICY NUMBER:</b>	<b>APP.D.2.GSA.E.9</b>	<b>APPROVAL DATE:</b>	<b>LAST REVISED:</b>
		<b>March 6, 2000</b>	<b>March 6, 2000</b>

VOLUNTEER REFERENCE CHECK

**NOTE:** Freedom of Information and Protection of Privacy Release (in writing) is required before any references may be contacted. Please address each area, noting areas of concern, discrepancies, inconsistencies in relation to application/resume and other information gathered. Use follow-up questions as required.

CANDIDATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

Request by person providing the reference for confidentiality?     YES             NO

1.        Were you aware of your name being given as a reference?

\_\_\_\_\_

Why would you have been chosen as a reference?

\_\_\_\_\_

2.        If reference was the applicant's supervisor (in employment), ask the reference to comment briefly on the following. (Otherwise proceed to #3)

Duties/Responsibilities:

\_\_\_\_\_

Health and Safety Record:

\_\_\_\_\_

Punctuality/Attendance/Appropriate Grooming:

\_\_\_\_\_

3.        Please comment on the applicant's:

Strengths:

\_\_\_\_\_

\_\_\_\_\_

Inter-Personal Skills:

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Ability to understand and follow directions:

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Initiative and self-direction:

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4. Would you feel comfortable with this individual working with your children?

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5. Do you know any reason why \_\_\_\_\_ should not be working in close proximity to students?

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6. Insert any school-based additional questions here.

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7. Is there anything you would like to add?

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Signature of Individual Conducting Reference Check

Date

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act, and under the authority of the Education Act. Information from this form will become part of the procedure

for Volunteer Programs in our schools and will be used by the principal for administration purposes. The contact person for enquiries concerning this information is the principal of the school.