



The Miami Valley Women's Center
A Pregnancy Care Center

2345 W. Stroop Rd.
 Dayton, OH 45439
 937-298-9998
 Fax: 937-298-1644

CONFIDENTIAL VOLUNTEER REFERENCE

Applicant's Name: _____ Applicant's Phone: _____ Date: _____

Reference Name: _____ Reference Phone #: _____

The above-named person has submitted an application to volunteer for the pregnancy center. The applicant has authorized us to conduct a reference check. A volunteer provides support to men or women facing unplanned pregnancies.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord of their lives
2. A dependable, responsible attitude; a willingness to give of themselves to the men or women with whom they work
3. A steadfast and faithful confidence in the Word of God and an ability to communicate its truth

We have asked each applicant to supply us with three references—one from their pastor and two from people who know them well. Please answer the questions below describing the applicant with particular emphasis on the qualities outlined above.

How long have you known the applicant? _____

What is your relationship to the applicant? (e.g., pastor, relative, friend) _____

How would you rate the applicant regarding:

	Outstanding	Competent	Needs Improvement	Unable to Judge
Dependability				
Spiritual maturity				
Communication skills				
Cooperation				
Compassion/Mercy				
Submission to authority				
Initiative				

Please comment on the applicant's gifts and desire to minister.

Please comment on the applicant's commitment to Christ and his or her lifestyle.

What would you say is the applicant's greatest strength?

What would you say is the applicant's greatest weakness?

Do you have any further comments regarding the applicant's potential as a volunteer?

- This applicant receives my highest recommendation.
- I recommend this applicant with confidence.
- I recommend this applicant with some reservations.
- I would not recommend this applicant to volunteer at the Miami Valley Women's Center

Date

Signature

If you are a pastor or a church leader, please give your title and name of church.

Please return to us as soon as possible via mail or fax (937-298-1644). Thank you for your time.