

Safe Sanctuary – Child Protection Policy Reference Check

Applicant name: _____

Reference name: _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? _____

How would you describe the applicant? _____

How would you describe the applicant’s ability to relate to children/youth?

How would you describe the applicant’s leadership abilities? _____

How would you describe the applicant’s ability to relate to adults? _____

How would you feel about having the applicant as a volunteer worker with your child and/or youth?

Do you know of any characteristics that would negatively affect the applicant’s ability to work with children or youth? If so, please describe.

Do you have any knowledge that the applicant has ever been charged with or convicted of a crime? If so, please describe. _____

Please list the names of other people you feel it would be beneficial for us to contact before making a decision on whether or not the Applicant should work with children or youth and please indicate a means of contacting them.

Please list any other comments you would like to make:

Reference inquiry completed by: _____ Date _____
Signature

Thank you very much for your response!
You may return this form to:

Lake Gibson United Methodist Church
424 W. Daughtery Road, Lakeland, FL 33809
Email: Office@LakeGibsonUMC.com