

**St. Paul's United Church of Christ**  
**Robesonia, Pennsylvania**

**Form for Reference Check**

Please note that it is the policy of St. Paul's UCC to do reference checks on all persons who are seeking to work with children, youth, senior citizens, the homebound, or hospitalized, whether in a volunteer or staff position. The person for whom this is a reference, may be applying to work with one or more of these groups of persons.

Applicant name: \_\_\_\_\_

Reference name: \_\_\_\_\_

Reference address: \_\_\_\_\_

Reference phone: \_\_\_\_\_

1. What is your relationship to the applicant? \_\_\_\_\_

2. About how many years have you known the applicant? \_\_\_\_\_

3. Have you observed this applicant interacting with children? Yes No

4. Have you observed or do you know of this applicant abusing anyone? Yes No  
If so, please describe:

5. Would you feel comfortable about having the applicant as a volunteer worker with a child/youth related to you? Yes No  
If not, please explain:

6. Would you feel comfortable about having the applicant as a volunteer worker with a homebound or hospitalized person related to you? Yes No  
If not, please explain:

7. Do you know of any characteristics that would negatively affect the applicant's ability to work with children/youth? Yes No  
If so, please describe them:

8. Do you know of any characteristics that would negatively affect the applicant's ability to work with homebound or hospitalized persons? Yes No  
If so, please describe them:

9. Please list any other comments you would like to make:

*If the reference is done in person or by mail:*

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

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*The following is to be completed by a member of St. Paul's UCC who is conducting the reference check.*

This reference was done via (circle one): in person / telephone / postal mail / e-mail / other: \_\_\_\_\_

Reference inquiry completed by: (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_