



## VOLUNTEER REFERENCE CHECK

\_\_\_\_\_ has applied for volunteer service with the St. Louis Public Schools. Your name was listed as a reference, and we have been authorized to communicate with you. The following information will be treated confidentially.

- 1) How long have you known the applicant?
- 2) In what capacity do you know the applicant?
- 3) In your opinion, would this individual be a responsible and reliable participant in our school volunteer program?
- 4) Are you aware of any physical or emotional conditions that might be considered sources of potential difficulty?
- 5) Can you comment on the strength of this applicant?
- 6) Weakness?
- 7) Any other comments or information you think might be helpful will be greatly appreciated.

\_\_\_\_\_  
Signature

Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date

**Please return to:**

Office of Volunteer Services  
St. Louis Public Schools  
801 North 11<sup>th</sup> Street  
St. Louis, MO 63101

**Thank you for your assistance!**