



VOLUNTEER PERSONAL REFERENCE QUESTIONNAIRE

(Three references required. Please print 3 copies.)

Reference Name: _____ Date: _____

Phone # _____

Volunteer Name: _____

If information is taken by phone, name of person taking information: _____

Return by Mail: A New Leaf
Attn: Heidi Anderson
P.O. Box 5860
Mesa, AZ 85211

Or Fax: (480) 649-3167

Please fill out each question completely. If the question does not apply, please write in N/A.

1. How long have you known the above referenced individual? _____

2. What is your relationship to this individual? _____

3. Do you feel this individual is qualified to serve as a volunteer? _____

4. What characteristics does this individual have that would qualify them as a volunteer in our program? _____

5. Do you feel there is any reason this individual may not be suitable to serve as a volunteer in our program? Please explain in as much detail as possible. _____

Please complete attached Volunteer Skills Evaluation.

