



Youth Volunteer Reference Information

St. Gabriel the Archangel

McKinney, TX

Applicant: _____

Date: _____

The following information should be completed by the person providing the reference:

Reference Name: _____ **Telephone:** _____
(Reference must know applicant at least one year.)

Questions

1. How long have you know the Applicant? _____
2. How are you acquainted with the Applicant? _____
3. Are you aware of any reason why we should not consider this applicant? Yes No Not Sure
4. Do you consider this person dependable? Yes No Not Sure
5. Do you consider this person trustworthy? Yes No Not Sure
6. Does this person relate well with others? Yes No Not Sure
7. Would you trust this person with your children or grandchildren? Yes No Not Sure
8. Would you recommend this person for this position? Yes No Not Sure
9. Any additional comments: You can use the back of this form for additional comments

Reference Signature: _____ Date: _____

Return by Fax to: (972) 542-7756

Return by Mail to: St. Gabriel the Archangel Catholic Community
110 St. Gabriel Way
McKinney, TX 75071
ATTN: Safety Officer

