empower House

SUPPORTING SURVIVORS OF DOMESTIC VIOLENCE

VOLUNTEER REFERENCE FORM

Name of Applicant:	Date:	
How do you know the applicant?		
Name of Reference:	Phone #:	
E-mail Address:		

The person named above has applied for a volunteer position with the Empowerhouse. We provide services to families that are experiencing domestic violence, including a shelter for survivors and their children. We are interested in the general skills and abilities of our volunteers. The information will be used to assist us in placing the applicant and to better design our training programs. We very much appreciate your assistance.

Please rate on a scale of 1 through 5 (1 being poor, 5 being excellent) the following. If you have not had an opportunity to observe a skill or ability, indicate that the information is unknown to you. Please circle the response that most accurately reflects your opinion.



	<u>Unknown</u>	<u>Poor</u>			E	Excellent
Dependability		1	2	3	4	5
Flexibility		1	2	3	4	5
Approachability		1	2	3	4	5
Attention to Detail		1	2	3	4	5
Ability to advocate for people						
with diverse backgrounds		1	2	3	4	5
Ability to interact/relate to childr	en	1	2	3	4	5
Ability to interact with Adolescen	nts	1	2	3	4	5
Ability to work on a team		1	2	3	4	5
Ability to work independently						
Ability to work in a chaotic environment		1	2	3	4	5
Ability to maintain confidentialit	y	1	2	3	4	5
Ability to learn and follow						
policies and procedures		1	2	3	4	5

II.	Considering what you know of this individual and his/her skills and abilities, is there anything that might interfere with his/her ability to serve Empowerhouse clients?
	Is there any other information that might prove helpful to us in assigning this volunteer?
	Signature: Date:
	Thank you for taking the time to complete this questionnaire.
	Please mail/fax (540) 373-0794, this form or email to office@empowerhouseva.org Mailing address is as follows: Empowerhouse, P.O. Box 1007, Fredericksburg, VA 22402, ATTN: TammyTorres