



Girl Scouts of the Missouri Heartland, Inc.
**Confidential Reference
 for Volunteer Applicants**

This section to be completed by the volunteer candidate.

_____ has expressed an interest in a volunteer position.
(Potential volunteer's name)

She/He will be working with: girls adults as a _____
(Volunteer position(s) for which candidate is applying)

Today's Date _____ Community/School _____ County _____

E-mail _____ Phone # _____

This section to be completed by reference.

Girls are waiting! We appreciate your response within 10 days.

The above applicant has given us your name as someone who would be familiar with her/his qualifications for this position. Your assistance in answering these questions would be greatly appreciated. Please return the entire sheet to the address on the back of this form. If you prefer to provide this information by telephone, please call us toll-free at 877-312-4764. Please be assured that any information given will be held in strict confidence.

Today's date _____ How long have you known the candidate? _____

Your relationship to the candidate _____

Have you ever seen this person in a situation where she/he has interacted with children? Yes No

If yes, in what capacity? _____

Please check the box that indicates the rating that you would apply to the candidate:

Category	Superior	Above average	Average	Below average	Not observed
Skill in working with children					
Relationships with others					
Adaptability					
Dependability					
Ability to plan and organize					
Fosters diversity					
Communication skills					

Do you know of any reason the candidate should not be in a volunteer position working with girls?

Yes No If yes, please explain _____

Do you feel this person can make a contribution to our organization? _____

Would you entrust **your** children to this person? Yes No Comments _____

Additional comments or impressions you feel would be helpful (*Please attach a sheet with further comments if needed*) _____

What is your overall recommendation of this candidate as a Girl Scout volunteer?

Highly Recommend Recommend Not Recommend

May we contact you for more information? Yes No

Reference Information

Name _____ Phone _____

Address _____ City/State/ZIP _____

Email _____

Signature _____ Date _____

Please return this form within 10 days to:

Girl Scouts of the Missouri Heartland

Attn: Membership Department

230 Metro Drive, Jefferson City, MO 65109

Fax: 417-862-4120

E-mail: gscouts@girlscoutsmoheartland.org

Girl Scouts of the Missouri Heartland, Inc.

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