



**VOLUNTEER REFERENCE FORM**

Reference Request For: \_\_\_\_\_  
(name of applicant)

*The OUR KIDS Center provides medical evaluations and crisis counseling services for children and families struggling with the issue of child sexual abuse. This reference request is a requirement for all individuals applying as an OUR KIDS volunteer. You are asked to provide thoughtful and honest feedback about the applicant so that we may make placement decisions. This information is very important and is considered to be confidential.*

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? (neighbor, clergy, employer, etc.)  
\_\_\_\_\_

3. Do you have any information that would indicate the applicant might not work well with children or families in crisis? (if yes, please explain)  
 No  Yes \_\_\_\_\_

4. Would you recommend this applicant as a volunteer with the Our Kids Center?  No  Yes

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(mailing address) Telephone: \_\_\_\_\_

**Please return reference to:**  
Our Kids Center  
Attn: Kathleen Corbitt  
1804 Hayes Street  
Nashville, TN 37203

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I authorize the release of the above information and any other information pertaining to my ability, character, reputation, and previous employment record to the Our Kids Center.

\_\_\_\_\_  
(applicant's signature) (date) (received)