

Rolling Ridge

Retreat and Conference Center

660 Great Pond Road, North Andover, MA 01845
www.rollingridge.org thestaff@rollingridge.org 978-682-8815

SUMMER PROGRAM VOLUNTEER REFERENCE FORM

Volunteer Name: _____

Reference Name: _____

Reference Address: _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

1. What is your relationship to the volunteer?
2. How long have you known the volunteer? How well do you know him/her?
3. How would you describe the volunteer's ability to relate to children?
4. How would you describe the volunteer's ability to relate to adults?
5. Please describe the volunteer's leadership abilities
6. How would you feel about having the volunteer work with your child?
7. Do you know of any characteristics that would negatively affect the volunteer's ability to work with children? If so, please describe.
8. Please list any other comments you would like to make.

Reference completed by:

Signature

date

Please submit completed reference form to thestaff@rollingridge.org by June 1, 2019