



VOLUNTEER REFERENCE CHECK

Volunteer's name (please print)

Volunteer job title

Reference person's name (please print)

Telephone number

Your name has been given as a reference for the volunteer listed above, who has applied for volunteer work with RSVP through Jewish Family Services of Middlesex County for the above volunteer job title. May I take a moment of your time to ask you a few questions?

How long have you known the volunteer listed above? _____

In what capacity do you know this volunteer? _____

In your opinion, do you feel this volunteer will be committed to this volunteer position?

What qualities does this volunteer possess that you feel would contribute towards their success in working in the volunteer job position listed? _____

What reservations would you have about this volunteer doing volunteer work in the listed job position? _____

Is there anything else you could tell us about this volunteer that would make him/her an asset as a volunteer? _____

JFS staff member for RSVP requesting information (please print)

Date

Signature

32 Ford Avenue, Second Floor
Milltown, NJ 08850
Tel: 732.777.1940 Fax: 732.777.1889



1600 Perrineville Road, Suite 52
Monroe Township, NJ 08831
Tel: 609.395.7979 Fax: 609.395.7129



www.jfsmiddlesex.org

