

Brigade Policies

Policy No. Appendix D to 2007-001
Policy Title: APPROVAL OF ADULT LEADERS
Revision Number: 0
Revision Date: September 2007



Reference Check Form

Use this form with Step 4 from the Screening Module. Write notes in point form; use the back of the page if necessary.

PRIVACY

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form

Name of Applicant: _____

Name of Reference: _____ Tel#: _____

(Briefly describe CLB and the position and responsibilities the applicant is applying for.)

1. Please comment on whether this would be a good fit for this individual based on their knowledge of the applicant's skills and abilities. Are you aware of any reasons why they should not be a volunteer in the CLB?

2. Have you had the opportunity to observe the applicant with children, and how did the children relate to them?

3. Have you seen the applicant handle difficult situations with children? If so, tell me about it.

4. If you had children, how would you feel about them participating in a group in which is a leader?

5. Are you aware of any reasons why she should not work with children?

6. What are the applicant's strengths?

7. How do they get along with other adults? Please give an example.

8. Do they have good organizational skills _____ Yes _____ No if no, probe.

9. Do they have good financial management skills? _____ Yes _____ No If no, probe.

10. Do they follow through on commitments? _____ Yes _____ No If no, probe.

11. Is there anything else you would like to add?

Thank the person for the time.

Your Name (Print)

Date

Signature