



VOLUNTEER REFERENCE FORM

Please have three references, **not related to you**, complete the questions below and submit to Girl Scouts of Greater Chicago and Northwest Indiana, Attn: Manager, Volunteer Services at one of the following:

North Region
 Kristen Christensen
 Vernon Hills Gathering Place
 650 N. Lakeview Parkway
 Vernon Hills, IL 60061
 Fax 847-573-0400
kchristensen@girlscoutsgcnwi.org

Central Region
 Leticia Villanueva
 Lisle Gathering Place
 2400 Ogden Avenue, Suite 400
 Lisle, IL 60532
 Fax 630-544-5999
villanueva@girlscoutsgcnwi.org

South Region
 Christine Derek
 Merrillville Gathering Place
 8699 Broadway
 Merrillville, IN 46410
 Fax 219-795-1224
cderek@girlscoutsgcnwi.org

Prospective Volunteer Name _____

Prospective Volunteer E-Mail Address and Phone Number _____

How long have you known the applicant and in what capacity? _____

1. Please check the space most nearly describing the applicant.

	Excellent	Average	Poor	Not Observed	Comments
Ability to work with children					
Ability to serve as a role model					
Ability to interpret and follow rules					
Adaptability/flexibility					
Ability to work cooperatively with people of various cultures					
Ability to accept supervision and guidance					
Ability to organize, coordinate and follow through					
Dependability					
Enthusiasm					
Initiative					
Knowledge of children's activities and interests					
Money management					
Responsible record keeping					
Resourcefulness					
Sense of humor					
Sensitivity to others					
Willingness to learn					

2. Are you aware of any information that might question this individual's suitability for a volunteer position where he/she would come into direct contact with children? Yes No

3. Hypothetically speaking, would you place your child in the care of the applicant? Yes No

4. Would you recommend the applicant for a volunteer position in Girl Scouting? Yes No

Reference's Signature _____ Date _____

Reference's Printed Name _____

Reference's Phone Number and E-mail Address _____