

# KITSAP COUNTY JUVENILE DEPARTMENT REFERENCE QUESTIONNAIRE FOR VOLUNTEERS

(Please complete both sides)

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

1. In what capacity have you known the applicant? \_\_\_\_\_

2. How well do you know the applicant?

Well     Average     Little     Very Little

3. Applicant's ability to relate with children/youth?

Poor     Average     Good

4. Applicant's relationships with people in general. (Check as many as are applicable)

Warm     Shallow     Loyal     Shy  
 Sincere     Cool

5. Please list six (6) words that describe this person's character:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

6. To what extent is the applicant aware of their shortcomings?

Feels they have none     Ignores them     Accepts them  
 Strives to overcome them     Unknown

7. Describe the applicant's ability to be flexible:

Excellent     Good     Average     Fair     Poor

8. How does the applicant assume responsibility?

Excellent     Good     Average     Fair     Poor

9. How well does the applicant finish projects and activities?

Very Well     Well     Average     Fair     Poor

10. Please comment on the applicant's temperament: \_\_\_\_\_

11. What are his/her major strengths? \_\_\_\_\_

12. What are his/her major limitations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How would you rate the applicant's moral concepts?  
 Below Average       Average       Above Average

14. Has the applicant exhibited a drug or alcohol abuse problem?  
 Unknown       No       Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

15. Has the applicant ever had their driver's license revoked or suspended?  
 Unknown       No       Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

16. Has the applicant ever been accused, arrested or convicted of a crime?  
 Unknown       No       Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

17. Would you be comfortable having the applicant volunteering to work with your child?  
 Unknown       No       Yes

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

18. Please rate the applicant on the following:

	Low	Average	High
Ability to use confidential material appropriately.			
Ability to remain objective in crisis or conflict situations.			
Ability to reach decisions independently.			
Respect for others with widely differing values from own.			
Ability to problem solve.			
Verbal and written communication skills.			
Listening skills.			
Maturity.			
Openness to learning.			
Concern for children.			

19. Do you have any concerns about this person's ability to work with children/youth or overall suitability for the Juvenile Department Volunteer Program?  
 No       Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Is there any reason why the applicant would not be able to perform the essential functions of a Juvenile Department volunteer?  
 No       Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return in the enclosed self-addressed envelope as soon as possible as the applicant's*

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Feels they have none     Ignores them     Accepts them

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Concern for children.			

19. Do you have any concerns about this person's ability to work with children/youth or overall suitability for the Juvenile Department Volunteer Program?  
 No       Yes  
If yes, please explain: \_\_\_\_\_  
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\_\_\_\_\_

20. Is there any reason why the applicant would not be able to perform the essential functions of a Juvenile Department volunteer?  
 No       Yes  
If yes, please explain: \_\_\_\_\_  
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