

NAME OF YOUR SCHOOL OR CHURCH
ADDRESS OF ORGANIZATION

<Date>

«Name» «Street
Address» «City,
State»

<Name of Applicant> has applied to provide volunteer services to (NAME OF SCHOOL OR RELIGIOUS ED PROGRAM). The (school/religious education program) provides academic and faith centered programs in a Catholic environment to ____ students. The applicant has provided your name as a reference. Please take a few moments to complete the brief reference section below and return this form to (NAME OF SCHOOL OR RELIGIOUS ED PROGRAM) in the envelope provided.

Sincerely,

Your Name Your
Position

How long have you known the applicant? _____ Years

Please identify the basis of your knowledge (how you know him/her) of the applicant.

Based upon your knowledge of the applicant, do you perceive that the applicant demonstrates appropriate behaviors to work with students in a kindergarten through eighth grade experience?

____ Yes ____ No

To your knowledge, does the applicant live a lifestyle consistent with the teachings of the Catholic Church?

____ Yes ____ No

Do you recommend the applicant to provide volunteer services in a school setting⁹

____ Yes ____ No

Signature _____ Date _____ Title