



**Confidential Reference Check Form**

**TO THE APPLICANT:**

Please provide three References. We recommend former employers, teachers, community leaders, counselors or other persons who can give an honest assessment of you. References by personal friends, or relatives will not be considered. You need too include one professional reference. Ask your references to fill out this form and return it to you in a sealed envelope with their signature across the seal or to mail it directly to us. Applications will not be considered until complete with 3 reference forms.

Your employment/volunteer position will be contingent on positive references, criminal background check and completion of Medical History/Physical Forms.

I, \_\_\_\_\_(your name) authorize \_\_\_\_\_(name of reference) to provide relevant information that will be used to arrive at an employment/volunteer decision.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE.**

The person above is applying for a position with Zebra Crossings, a program for children with chronic health conditions. We depend on the honest assessment of references to assess if this person is qualified and suitable to work with youth. We ask that you share your observations and be candid in your assessment. References will be kept in strict confidence, and will not be shown to the applicant. You may include a letter of reference. Please complete this form, and return it to the candidate in a sealed and signed envelope or mail it directly to us.

**What is your relationship to the applicant?**

Employer  Teacher  Community leader  Other (explain) \_\_\_\_\_

**How well do you know the applicant?**  Very Well  Well  Casually

**How long have you known the applicant?** \_\_\_\_\_

**Please rate the applicant to the best of your knowledge with respect to each of the following:**

Please rate the applicant on a scale of 1-10. 1 being the least qualified and 10 being the most qualified.

Maturity	1 2 3 4 5 6 7 8 9 10	Responsibility	1 2 3 4 5 6 7 8 9 10
Work ethic	1 2 3 4 5 6 7 8 9 10	Ability to take initiative	1 2 3 4 5 6 7 8 9 10
Creativity	1 2 3 4 5 6 7 8 9 10	Dependability	1 2 3 4 5 6 7 8 9 10
Works well within a team	1 2 3 4 5 6 7 8 9 10	Patience	1 2 3 4 5 6 7 8 9 10
Works well with youth	1 2 3 4 5 6 7 8 9 10	Good Judgment	1 2 3 4 5 6 7 8 9 10

**Please use the reverse of this form to answer the following questions:**

1. Being a Zebra Crossings staff member/volunteer can be very intense, requiring long hours and hard work, how would you assess this applicant’s suitability for such a demanding position?
2. Based on your experience is there any reason why this candidate should not be considered for this position?  No Yes. If yes, please take the time to explain on the back of this form.
3. If the applicant is applying for a staff or volunteer nurse position, please take the reverse of this form to provide your assessment of the applicant’s clinical nursing skills and professionalism.

Please use the reverse side of this form for any additional comments. Thank you for your time.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_