



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GLOW YMCA REFERENCE CHECK

Applicant's Name Position Applied For
First - M.I. - Last

Reference Name Phone:

ALL OF THE FOLLOWING QUESTIONS/INFORMATION MUST BE COMPLETELY ANSWERED UNLESS OTHERWISE NOTED.

- How long have you known this individual? years months
- What is your relationship to this individual?
 Supervisor/Employer Friend or Neighbor Adult Co-Worker Teacher Family
 Other (specify)

If reference is (was) individual's supervisor:

Verify applicant's job title

Verify *supervisor's* job title Company

Verify dates applicant worked: from to

Reason for leaving (Agree with application? No / Yes)

If not still employed, is applicant eligible for rehire? No / Yes

If no, please explain:

Briefly verify duties applicant performed.

(Agree with application? No / Yes)

- On a scale of 1 to 5, 1 being poor and 5 being excellent, how would you rate this individual's:

Reliability/dependability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to build effective relationships with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to work well with people of differing backgrounds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to be productive and do quality work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to listen and express (him/her)self effectively	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to be open to new ideas and approaches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to accept coaching and feedback	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Judgment in normal circumstances	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Judgment under pressure or stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. How would you describe this person's character and ability to work effectively with others?

5. How would you describe this individual's ability to be responsible, to follow rules and to work independently?

6. What are this individual's strengths?

7. What are this individual's greatest needs for development and/or improvement?

8. Have you ever observed any problems or are you aware of significant complaints about this individual from other staff, parents, customers/members or others?

No / Yes If yes please explain:

9. How do you think that _____ will do in the position that we are considering him/her for?

10. Is there anything else that you would like to add or that you feel that I should know?

The following MUST be answered if the applicant will be working directly with children/teens in any capacity.

11. To the extent you know, please tell me about the applicant's roles with children; for example, coaching, youth organizations, schools, etc

12. Please rate his/her interaction skills with children (or teens):

Excellent / Good / Fair / Poor / Have Not Observed

13. In the time that you worked with or known this person, did you ever observe anything that would cause you to be uncomfortable about recommending them for a position working with young people?

No / Yes If yes please explain:

14. Is there any reason this person should *not* work with children? No / Yes

If yes, please explain:

If this form is completed by the individual providing the reference please sign attesting to the information provided above:

Signature _____ Date _____

Please return this form to:

Reference checked by:

Name:(print)

Date:

Signature _____

Title:

(must be signed by individual checking reference)