

Request for Release With Release of Information

I have applied to the Committee Against Domestic Abuse as a volunteer/intern and I desire that they be fully advised of my qualifications for this position.

I therefore respectfully request that you furnish the necessary information and I hereby release you from any and all liability of damages for providing the information requested on this form. I further authorize my signature to be duplicated and acknowledge that duplicate copies of this request are valid.

Applicant's Name	Signature	Date
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The above named person has applied to be a volunteer/intern with our program and has agreed to ask you to serve as a reference. Please complete this personal reference form as completely as possible. Your comments will help serve our clients more effectively and will be considered confidential.

1. In what context do you know this applicant? _____
2. How long have you known this person? _____
3. How well do you know her/him? _____ not very well _____ well _____ very well
4. How well does this person prioritize and follow through with commitment? _____

5. Please rate the applicant, on a scale of 1 to 4, in regard to the qualities listed below and on the back page.

- 1 = An area where much growth is needed.
- 2 = Some additional growth is needed.
- 3 = Average development in this area.
- 4 = Well developed quality of the applicant

### COMMENTS

Maturity	1	2	3	4	
Sensitivity to others	1	2	3	4	
Warmth of personality	1	2	3	4	

	Needs Growth			Well Developed	COMMENTS
Emotional Stability	1	2	3	4	_____
Willingness to learn	1	2	3	4	_____
Nonjudgmental Attitude	1	2	3	4	_____
Accepts Responsibility	1	2	3	4	_____
Understands Boundaries	1	2	3	4	_____
Effective Communication	1	2	3	4	_____

6. How do you rate your overall assessment of the applicant's suitability as a volunteer/intern at the Committee Against Domestic Abuse, Inc:

Highly recommend without reservations     
  Recommend with some reservations  
 Cannot recommend due to lack of knowledge     
  Do not recommend

7. Other Comments: _____  
 _____

_____	_____
Reference contact's name	Phone number
_____	_____
Reference contact's signature	Date

***Thank you for your time!***

Please return this reference to CADA's Volunteer Coordinator, Melissa Ballman, by mail:

P.O. Box 466, Mankato, MN 56002 or by fax: 507-625-9431

If you have any questions, please call Melissa at 507-625-8688