



Reference Verification

Name of respondent: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Contact potential Foster Grandparent's reference/respondent. Identify yourself and your position with the Foster Grandparent Program and explain the Program's mission. Specify that information will be held in confidence.

Applicant's Name: \_\_\_\_\_ has applied to become a Foster Grandparent, and listed you as a reference, Any information you can give about him/her will be appreciated. I have a few questions I need to ask you.

PERSONAL REFERENCE

**SAMPLE**

1) What is your relationship to Mr./Ms./Mrs.? \_\_\_\_\_

2) How long have you known him/her? \_\_\_\_\_

3) Does he/she follow through on commitments? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

4) Do you know of any reason(s) why this person should not be around children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe

\_\_\_\_\_

5) If you have any personal knowledge of the applicant's ability to relate to children, please describe:

\_\_\_\_\_

6) Would you recommend that he/she work with children as a Foster Grandparent? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please describe: \_\_\_\_\_

7) What are his/her strong points? \_\_\_\_\_

8) How does he/she get along with others? \_\_\_\_\_

9) Are there any other comments you would like to add that might help us in making a decision? \_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT AND/OR VOLUNTEER ACTIVITY SECTION

1) Type of work in which he/she was employed: \_\_\_\_\_

2) Length of employment: \_\_\_\_\_

3) Major duties: \_\_\_\_\_

4) Ability to get along with others: \_\_\_\_\_

(CONTINUE ON BACK)

5) Overall performance: (Circle One)    Outstanding    Average    Below Average    Poor

6) Were there any problem areas? \_\_\_\_\_

7) What was the reason for leaving? \_\_\_\_\_

8) Would you re-hire? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not: \_\_\_\_\_

9) Are there any other comments you would like to add that might help us in making a decision? \_\_\_\_\_

**SAMPLE**

\_\_\_\_\_  
Signature of Respondent      Date

\_\_\_\_\_  
Signature of Program Staff      Date

(Note: Document name of respondent, time and date called if completed over the phone.)