

# Sample Reference Response Information Form

To: \_\_\_\_\_  
*Name of Ministry*

From: \_\_\_\_\_  
*Address*

Subject: \_\_\_\_\_  
*Name of Worker Candidate*

The individual named above has expressed an interest in working with children or youth in our ministry. The candidate has listed you as a reference. In order for our organization to properly evaluate the qualifications of this worker candidate, we are asking you to complete this form with your honest opinions and impressions of the candidate.

Please return the completed form to our organization in the enclosed envelope. Thank you for your assistance.

1. How long have you known the ministry worker candidate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In what capacity have you come to know this individual? (i.e. coworker, neighbor, friend, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In your opinion, is the above worker candidate fully qualified to work with children and youth?

Yes  No  (If no, please explain)

4. What concerns, if any, would you have in allowing this individual to work with children or youth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth?

Yes  No  (If yes, please explain)

## Additional comments or explanations:

The above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form at your earliest convenience to: (name of church, individual)

Thank you.

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by a licensed attorney in your state. Brotherhood Mutual Insurance Company assumes no liability in the preparation and distribution of this form.