

Augustinian Volunteers

Reference Form

Name of Applicant: _____

Name of Referent: _____

Relationship to Applicant: _____

Mission Statement:

Augustinian Volunteers are Catholic men and women who wish to serve God's people in partnership with the Augustinians and others. The service of the Volunteers is with established educational, social, and health programs, and varies according to the needs of the sponsoring site and the individual Volunteer.

The experience of the Augustinian Volunteers is designed to facilitate a person's desire to serve others. It is also focused on the Volunteer's personal and spiritual development in the Augustinian tradition. By building and living in community with other Volunteers and forming relationships with local Augustinian Communities, the Volunteers' lives will be enriched as they enrich the lives of others.

To the Referent: The applicant named above has chosen you to let us know more about him/her. What you say will be of great value in helping determine her/his capacity to function as a volunteer. Sharing with us your knowledge of the applicant as you have experienced this person in either a working or living situation will be of great value. Our volunteers will be living together in community. Their ability to live and work closely with others is very important. Feel free to omit any questions you are not able to answer. Please note that the applicant has waived access to the information on this form. Your honest and candid answers to each question are very important. Please give the applicant this reference form in a sealed envelope with your name signed on the seal. Thank you for your help and support of the applicant.

This Reference Form can be filled out on our website at www.osavol.org under the link, "References", but must be printed and mailed. Please return the form to the applicant directly. If you have any trouble accessing the Reference Form online contact the office at 610-527-3330 ext. 291.

1. How long have you known this applicant? _____

In what capacity? _____

2. List three qualities that best describe this applicant:

1. _____ 2. _____ 3. _____

3. Briefly describe why you chose to use those three qualities to describe this applicant's general personality and character.

4. What are some of the strengths that would make this applicant an effective Augustinian Volunteer?

5. What are some of the limitations?

6. Describe this applicant's ability to perform and complete a task.

7. How would this applicant adjust to living in a small community with other volunteers?

8. Would you have any reservations about working/living with this applicant?

9. Do you know of any causes of concern, events or situations for this applicant in working with _____ children, _____ teenagers or _____ adults? If so, please explain.

Using the following grid please indicate your feelings about the applicant in each category.
 1=Poor 2=Below Average 3=Average 4=Good 5=Superior NA=no basis for judgment

CHARACTERISTICS	1	2	3	4	5	NA	Comments
ABILITY TO ARTICULATE THOUGHTS & FEELINGS							
ABILITY TO LIVE IN A COMMUNITY ENVIRONMENT							
ABILITY TO TAKE DIRECTION							
ABILITY TO WORK UNDER PRESSURE							
ABILITY TO WORK WITH PEERS							
ACCEPTANCE OF CRITICISM							
ASSERTIVENESS							
COMMON SENSE							
CREATIVITY							
DEPENDABILITY							
EMOTIONAL HEALTH							
FLEXIBILITY							
HONESTY							
INITIATIVE							
LEADERSHIP ABILITY							
MATURITY							
PHYSICAL HEALTH							
SELF CONFIDENCE							
SENSE OF HUMOR							
TOLERANCE							

Please feel free to use the following space for addition comments.

Overall, how would you rate the applicant? Please explain your selection.

Highly recommended

Recommended

Recommended with reservations

Not recommended

May we call you to discuss this applicant?

Yes Please do not call

Phone Number to reach you at: _____

Signature

Type or Print Name