

Chesapeake Public Library

REFERENCE OBSERVATION FORM

Hello,

Each prospective volunteer is required to provide two references. Please complete the confidential form below and return it to the volunteer in a sealed envelope. The unopened envelope will be attached the Teen Volunteer Application packet and turned in with the other requested materials.

Thank you for your time and consideration.

Katherine Daigle

Teen Librarian

757.410.7143

kdaigle@infopeake.org

VOLUNTEER NAME:

REFERENCE NAME:

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Community Leader | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Employer | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Mentor |

OBSERVATIONS:

Please circle the number that best describes the potential volunteer, with 1 being Excellent and 10 being Poor.

Attitude

1 2 3 4 5 6 7 8 9 10

Initiative

1 2 3 4 5 6 7 8 9 10

Courtesy

1 2 3 4 5 6 7 8 9 10

Willingness to Help

1 2 3 4 5 6 7 8 9 10

Dependability

1 2 3 4 5 6 7 8 9 10

My signature indicates that the information provided in this Volunteer Application is true and accurate.

SIGNATURE:

DATE:

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