



Open Door Art Studio Volunteer Reference Form

Name of Volunteer Applicant: _____

Name of Reference: _____

Relationship to Applicant: _____

Contact #: _____

The aim of Columbus Center for Human Services, Inc. is to provide support services to individuals with mental retardation and developmental disabilities in achieving personal and social independence and to live satisfying lives in the community. Volunteers who support individuals as a volunteer provide assistance with individual and group activities, communication, and coaching toward the use of a skill or talent.

_____ has given your name as a reference for a volunteer role with CCHS, Inc. The information you provide below will be used in screening the applicant to become an approved volunteer. **Your evaluation of the applicant is strictly confidential.**

Please check the items below that you feel apply to the potential volunteer:

- Generally dependable and follows through on agreed upon plans
- Demonstrates the ability to interact with individuals in a polite and courteous manner
- Able to handle disagreements and stressful situations with others

Clarifications and/or general appraisal of the applicant as a potential volunteer:

I **DO** **DO NOT** recommend the applicant as a volunteer in the role described above.

This form was completed by:

- The person named as the reference
- Phone interview by Volunteer Program staff person: _____

Signature of Reference

Date

RETURN FAX:

Contact Person: