

**Confidential Volunteer Reference Form**

**Denise Gwinnup  
Placement and Permanency Planning  
Summit County Children Services  
264 South Arlington Street  
Akron, OH 44306-1354  
Phone: (330) 379-1802  
\*FAX (330) 379-1924  
Email: Dgwinnup@summitkids.org**

ORGANIZATION NAME: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

**Information needed from organization before considering a family for foster care or adoption.**

I. Length of time volunteering: \_\_\_\_\_

II. Type of position: \_\_\_\_\_

III. How long have you known this person and what is the nature of your relationship? \_\_\_\_\_

\_\_\_\_\_

IV. How well do you feel this person is able to relate to others? \_\_\_\_\_

V. How would you describe this person's work ethic, character, and personality? \_\_\_\_\_

\_\_\_\_\_

VI. Do you know the applicant well enough to give us information regarding his/her home life, his/her reputation in the community or his/her capacity to parent?

\_\_\_\_\_

VII. Do you know of any reason why you could not recommend this applicant to be a foster or adoptive parent?

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_