

ODC ANIZATION NAME.

264 S. Arlington Street · Akron, Ohio 44306-1354 · Phone (330) 379-9094 · Fax (330) 379-1901 · Hotline (330) 434-5437 · summitkids.org

## **Professional/Volunteer Reference Form**

Prior Experience Working With Children

The above named applicant has applied to become foster/ adoptive parent(s) with our agency. An important part of the application process is the receipt of personal references from people/places they have gained previous experience working with children. Please answer the following questions as honestly as possible. This information is considered confidential and will not be shared with the foster/adoptive applicant without your consent. Please return the original, signed document to our office as soon as possible. We appreciate your time and effort in completing this form. Feel free to use the back of the form if you need additional space.

OK	COANIZATION NAME:	<del></del>	
API	PPLICANT'S NAME:		
I.	Length of time working/volunteering with children:		
II.	Type of position/in what capacity:  How long have you known this person and what is the nature of your relationship?		
III.			
IV.	How wall do you feel this person is able to relate	to others?	
1 V .	. How well do you reel this person is able to relate	to others?	
V.	How would you describe this person's work ethic, character, and personality?		
X / X			
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?		
Sign	gned:	Date:	
Prin Title	nt:le:	(50 Cools on D.) Cools 101	