

CONFIDENTIAL

(Form will be held in secured storage by church administrator)

Sharon United Methodist Church/Weekday School
4411 Sharon Road
Charlotte, NC 28211
Attention: Safe Sanctuary Coordinator
704-366-9166

Reference Check Form

Applicant name: _____ Date: _____

Please fill out and mail to the church as soon as possible.

Reference name and phone: _____

Reference address: _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant's ability to relate with children and/or youth?
5. How would you describe the applicant's ability to relate with adults?
6. How would you feel about having the applicant working with your child and/or youth?
7. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
8. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
9. Please list any other comments you would like to make:

Reference inquiry completed by: _____
Signature Date