

Host Family Reference

Date:

Thank you for your willingness to be a reference for an applicant desiring to become a volunteer host family through the Safe Families for Children movement. Please return this form via fax or email.

Applicant Name:						
Your Name:			Address:			
Phone #:			Email Address:			
1. How long have y	ou known the	applicant?				
2. In what capacity	is your relatio	nship? □Colle	ague □Supervisor	□Friend □Pa	astor <i>Other:</i>	
3. How frequent is y	your contact w	vith this indivia	lual?			
4. Rate Attributes t	hat best descr	ibe this applic	ant, within the lim	its of your expe	rience; or check	'Not Known'.
<u>Attribute</u>	Excellent	Good	Average	Fair	Poor /	Not Known
Ability to interact , with childre	n: 🔲					
with other adul	ts:					
Integrity:						
Attitude:						
Dependability:						
Judgment:						
Emotional stability:						
Responsibility:						
Moral conduct:						
Compassion:						
Relating to others who are different:						
5. Please comment	t on the applica	ant's suitabilit	y for providing a so	afe and nurturin	ng home for child	lren.
6. List any reservat	ions about rec	commending th	nis applicant?			
Reference signature	::			Date:		