

REFERENCE SHEET

PLEASE DO NOT USE FRIENDS OR RELATIVES AS REFERENCES

| | |
|--|---|
| Last Name, First Name of Applicant: | has applied to the Boston Ability Center to become a volunteer. |
| It is mandatory that all applicants submit (2) references. | |

**Would you please indicate below how you evaluate this applicant in each of the categories.
Please return this form to the applicant as soon as possible.**

| Category | Excellent | Very Good | Average | Fair | Poor |
|---|-----------|-----------|---------|------|------|
| Promptness | | | | | |
| Initiative | | | | | |
| Emotional Maturity | | | | | |
| Verbal Communication Skills | | | | | |
| Demeanor/Disposition | | | | | |
| Ability To Work Independently | | | | | |
| Ability To Understand & Adhere To Organizational Structure, Policies, And Procedures | | | | | |
| Ability To Work With Children | | | | | |
| Ability To Fulfill Commitments/Responsibilities | | | | | |
| Ability To Manage Stressful Situations | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Ability To Follow Instructions | | | | | |
| Ability To Accept Correction/Criticism | | | | | |
| Ability To Work In Team | | | | | |
| Task Performance | | | | | |

Additional Comments: (Please Print)

| | | | |
|---|---------------|--|-------------|
| Please Print Name and Title (line below) | | Relationship to Volunteer Applicant (below) | |
| | | | |
| Company/Organization: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Email: | | |
| | | | |
| Signature: | Date: | | |