



1517 Nicholasville Road
Doctors Park, Suite 405
Lexington, KY 40503
P: 859.278.8469 | F: 859.277.7999

VOLUNTEER REFERENCE REQUEST

Reference for: _____

The above-named person has submitted an application to volunteer for Assurance. The applicant has authorized us to conduct a reference check. A volunteer provides support to women/men facing unplanned pregnancies.

Some of the qualities sought in a volunteer are:

1. A genuine commitment to Jesus Christ as Savior and Lord of their life.
2. A dependable, responsible attitude; a willingness to give of themselves to women/men with whom they work.
3. A steadfast and faithful confidence in the Word of God and an ability to communicate its truth.

We ask each applicant to supply four references—one from their pastor and three from people who know them well. Please answer the questions below and write a short paragraph describing the applicant with particular emphasis on the qualities outlined above.

How long have you known the applicant? _____

What is your relationship with/to the applicant? (e.g., pastor, relative, friend) _____

How would you rate the applicant regarding:

	Below average	Average	Above average
Dependability			
Spiritual maturity			
Communication skills			
Cooperation			
Compassion/Mercy			
Submission to authority			
Initiative			

Please briefly describe applicant and your relationship with/to applicant:

Your name (please print)

Daytime phone number

E-mail

Signature

Thank you! Please mail or fax the completed form to the address below.

**Assurance
Attn. Maureen Jacus
1517 Nicholasville Road
Doctors Park, Suite 405
Lexington, KY 40503
Fax: 859.277.7999**