CareBreak Volunteer
Reference Form

Applicant’s Name: 

Reference Name: 

Reference Address: 

CareBreak program volunteers provide respite to families with children who have a disability. Once matched with one particular family, the volunteer goes into the family’s home on a weekly basis and cares for the child (or children) while the parents take a break. Our volunteers develop relationships with both child and family; they are a consistent help to the parents and a dependable friend to the child.

Please keep this information in mind as you answer the following questions.

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

3. How would you describe the applicant?

4. Have you ever seen the applicant interact with children and their families? If so, how would you describe the interaction? Also, if you have children, do you (or would you) allow the applicant to care for them?

5. In your opinion, what would the applicant bring to the position of CareBreak volunteer and what would he/she bring to a CareBreak program family and child?
6. CareBreak Program families rely on their volunteers to be reliable and dependable in their visits. In your opinion, would the applicant be able to provide this dependability?

7. Is there anything else which would be helpful to us in placing the applicant with the family, which would be best, suited to him/her?

________________________________________  _________________________
Signature                                      Date

A CareBreak staff member will be calling you to verify this recommendation. Please give us your phone number and the best time to reach you:

________________________________________
Please return this form to: CareBreak Coordinator
                                           The CareBreak Program

Thank you very much for taking the time to complete this reference. You have been a great help to us in making a good match between an enthusiastic volunteer and a grateful family. If you have any questions, please call the CareBreak Program.

For office use only

Date:

Comments:

Signature: