



**DIOCESE OF SAINT AUGUSTINE
CONFIDENTIAL TELEPHONE
REFERENCE CHECK**

Please utilize this form to conduct a telephone reference check and to document the results of your conversation.

Name of Volunteer Applicant:

Diocesan Location:

Nature of Volunteer Position:

Introduction: _____ (Name)_____ has volunteered to serve as a volunteer within the Diocese of St. Augustine and has given your name as a reference. Do you have a few minutes to answer several questions? The information you provide will be kept strictly confidential.

Questions:

- 1) How long have you known the applicant? _____
- 2) What is your relationship with the applicant? _____
- 3) How would you describe this applicant's personality?

4) Do you have any knowledge of the applicant being arrested or convicted? _____ If so, please explain.

5) Based upon your experience, is the applicant reliable, responsible and dependable?

6) Would you trust the applicant to work in connection with youth, the disabled or the elderly?

7) Is there anything else about the applicant that you would like to share?

Closing:

Thank the reference for their cooperation and reassure them that the information will be used solely

to evaluate the applicant's suitability for service within the Diocese.

Approved Disapproved

Form Completed By: _____ Date: _____