REFERENCES FOR 4-H VOLUNTEER APPLICANTS

60 Research Drive
Bible Hill, NS B6L 2R2

4-H CANADA
4-H Nova Scotia

You have been asked to be one of three references for: _____
<div align="center">Applicant Name</div>

Please read the following and carefully answer the questions below
•Complete the following questions thoroughly and honestly. Your responses will be held in confidence by the NS 4-H Council, and used only for the purpose of determining the applicant's suitability for a volunteer position with the NS 4-H Council.
•It is required that you have known the applicant for at least two years. You may return this form to the applicant, or mail it directly to: Nova Scotia 4-H Council, Attention: Screening, 90 Research Dr., Bible Hill, NS, B6L 2R2
•Please double check to ensure the form is filled in completely, appropriate boxes are checked off and that you have signed the form. Any discrepancies may cause a delay for the applicant.

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1. What is your relationship to the applicant? ☐ Family member (Only one family member is allowed)

☐ Employer/Supervisor   ☐ Co-worker   ☐ Other (please specify):

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2. Please rate (**E**xcellent, **G**ood, **F**air, **P**oor) the applicant's level of:

Honor/integrity: ☐   Leadership: ☐   Dependability: ☐

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3. Would you feel comfortable having the applicant work on a one to one basis with your son, daughter or any other child for whom you are responsible? ☐ **YES** ☐ **NO**

If **NO**, explain why not:

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4. Have you any reason to believe the applicant has problems with alcohol or drugs? ☐ **YES** ☐ **NO**

If **YES**, explain why:

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5. Have you any reason to believe the applicant may be abusive verbally, physically or sexually with children?
☐ **YES** ☐ **NO**

If **YES**, explain why:

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6. Would you recommend the applicant as a volunteer 4-H leader? ☐ **YES** ☐ **NO**

If **NO**, explain why not:

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7. Do you think this individual would be an asset to a youth serving organization? ☐ **YES** ☐ **NO**

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8. How does this individual interact with children?

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9. Other comments: (**use back page if necessary**)

Your Name:	Tel #:
Civic Address:	Date:
	Signature: