



Appendix E – Volunteer Personal Reference Questionnaire

Name of Volunteer/Intern Applicant

Date Completed

As required by section 110.503, Florida Statutes and Florida Administrative Code rule 60L-33.006, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

1. How long have you known the volunteer applicant? _____
2. To your knowledge, has the applicant ever been convicted of a crime? _____
3. Do you consider him/her to be of good moral character? If no, please explain. _____

4. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? _____ If yes, please explain: _____

5. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? _____
6. Do you have any additional comments concerning the applicant's character or reliability?

7. What is your relationship to the applicant? _____

Reference Signature

Name (please print)

Address

Telephone

City State Zip

Thank you for your time.

Upon completion, please return this form to: _____