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**Volunteer Personal Reference Check**

**This form is for completion by a friend who has known the applicant**

**for no less than five years.**

**Name of Applicant:**

**Name of Referee:**

**Address of Referee:**

**Date:**

How long have you known the applicant?

How did you get to know the applicant?

Briefly, describe the applicant’s character. What are their qualities as a person?

Insofar as you know the applicant, would you have any hesitation that he/she would be working with children and young people? (Please delete as appropriate)

No – I have no concerns

Yes - I have concerns. If yes, please explain:

Please rate him/her in the following areas (excellent/good/fair/poor):

Punctuality:

Reliability:

Listening skills:

Thank you for completing this form – it is a key component of our child safeguarding procedures

**Please return the form FAO: Volunteer Manager, preferably by email to** [**volunteers@ministryofstories.org**](mailto:volunteers@ministryofstories.org)

**Alternatively you can return it by post to Ministry of Stories, 159 Hoxton Street, London, N1 6PJ. Please ensure the form is signed if returning by post**

Signature of referee (if returning by post)

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