

# CLINTON CITY SCHOOLS

"Providing a Future For Our Children"

300 Westover Road  
Clinton, NC 28328

[www.clinton.k12.nc.us](http://www.clinton.k12.nc.us)

Phone #: 910-592-3132  
Fax # 910-592-2011

## CONFIDENTIAL REFERENCE FORM - VOLUNTEER PROFESSIONAL REFERENCE

PLEASE TYPE OR PRINT IN INK

**Note to Applicant:** Complete the information below and give this form to one of the persons you have chosen to recommend you to our school system. The recommender should then complete the form and mail it directly to **Clinton City Schools**.

**NAME:** \_\_\_\_\_  
Last First Middle Maiden

You are asked to waive your legal right to see this letter of reference in order that it will be as frank and objective as possible.

I hereby  Waive  do not waive my right to see this document.

\_\_\_\_\_  
Applicant's Signature Date

## VOLUNTEER RECOMMENDATION

**Note to Recommender:** The person named above is seeking approval as a volunteer with **Clinton City Schools**. You have been chosen by the applicant to submit your comments on the applicant's qualifications for volunteering. The questions posed on the reverse side of this form are important and **Clinton City Schools** would appreciate you answering them directly; however, by no means should you feel limited by these questions. Please cover any topic or add any statements which you believe may be relevant in evaluating the applicant's application for volunteering with our school system.

Your recommendation will be treated as confidential if the applicant waives his/her right to see it (see above).

When you have completed this recommendation form, please accept the thanks of **Clinton City Schools** for your help in assessing this applicant's qualifications.

\_\_\_\_\_  
Recommender's Name (please type or print) Position/Title

**School/Firm:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

The Clinton City Schools System is an equal opportunity employer and does not discriminate on the basis of race, color, sex, national origin, religion, age, equal pay, disability or genetic information.

PROFESSIONAL RELATIONSHIP	
How long have you known the applicant and in what capacity? <b>(Please check one response in each column.)</b>	
<input type="checkbox"/> Less than one year <input type="checkbox"/> One year <input type="checkbox"/> Two years <input type="checkbox"/> More than two years	<input type="checkbox"/> Student <input type="checkbox"/> Employee directly or indirectly under my supervision <input type="checkbox"/> Educational associate <input type="checkbox"/> Other (please explain)
_____	

APPLICANT'S DATES OF SERVICE (if applicable)					
From		To		Length	
Month	Year	Month	Year	Month	Year

**Position** \_\_\_\_\_

**Attendance Record:**      Good       Fair       Poor

If a former employee, please state reason for leaving: \_\_\_\_\_

**Please give your appraisal of the applicant in terms of the qualities listed below.**

	Needs Improvements	Meets Expectations	Exceeds Expectations	Superior	Not Observed
Cooperation and consideration of others					
General Intelligence					
Handling of routines/responsibility					
Health, vigor, physical energy, and drive					
Honesty					
Judgment and common sense					
Patience					
Verbal ability or command and use of English					

- 1) Does the applicant have any physical or mental conditions that might seriously affect his/her volunteer performance?  
 No       Yes       Unknown
- 2) If the applicant is/was employed with your company/agency, would you re-employ him/her?       No       Yes       N/A
- 3) To your knowledge, has the applicant ever been dismissed or terminated from an employment position?       No       Yes
- 4) Do you know of anything that could cause the applicant to be unfit to volunteer?       No       Yes (if yes, please explain)

- 5) Are you a previous employer?       No       Yes
- 6) May we call you for a telephone reference?       No       Yes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date