



PROFESSIONAL REFERENCE REQUEST FORM

Name of Applicant: Position(s) applied for:

Referee information:

Relation to the Applicant:

Name and address of organization:

Name:

E-mail:

Instructions: Dear Referee! Thank you for taking the time to fill out this form and supporting our volunteer recruitment process. The Applicant who requested you to fill this form would like to take part at Bátor Tábor's / Spolu s Odvahou's program as a volunteer. Bátor Tábor Foundation / Spolu s odvahou Foundation provide therapeutic recreational programs for children and teenagers living with serious and chronical illnesses and their families. Our volunteers work directly with the children and families, taking part at planning and running the activities and attending to the everyday needs of the participants. Please answer the following questions about the Applicant's professional performance candidly. Please note: Referees should not be friends or relatives.

Position:

Phone number:

How long have you known the

(e.g.teacher, direct supervisor)		Applicant? (Please, specify the date)				
Skill evaluation:						
Based on your work together, ho	w would you evalu	ate the profe	ssional performan	ce of the App	licant regarding the	
areas listed below? Please indic	=				0 0	
	•	Ü				
	Below average	Average	Above average	Strength	Don't know	
Initiative						
Cooperation						
Adaptibility						
Motivation/Enthusias	m					
Teamwork						
Child interaction						
Communication						
Reliability						
Role modelling						
Creativity						
What do you see as an area o	f improvement fo	r the Applic	ant?			
Please answer the following q Volunteering at camp can be bot into consideration would you thir In your opinion, is there any re- position? Yes No I	h physically and er	itable for the	Applicant? Yes Applicant should	No No not be consid	, g	
Referee name (printed): Signed: Date:						