

**APPENDIX E**

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

**VOLUNTEER REFERENCE CHECK FORM**

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

(One Sheet Per Reference)

Name Of Applicant: \_\_\_\_\_

Name Of Reference: \_\_\_\_\_

Reference's Phone Number: \_\_\_\_\_

1. What is your relationship to the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How long have you known the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How well do you know the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How would you describe the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How would you describe the applicant's ability to relate to children and/or youth?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How would you describe the applicant's ability to relate to adults?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How would you describe the applicant's leadership abilities?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How would you feel about having the applicant as a volunteer worker with your child and/or youth?

---

---

---

9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.

---

---

---

10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

---

---

---

Additional Comments:

---

---

---

Reference Inquiry Completed By (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return To:  
Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014  
(410) 838-5181