

**VICTIM/WITNESS ASSISTANCE PROGRAM**

**VOLUNTEER REFERENCE FORM**

**APPLICANT'S**

**NAME:** \_\_\_\_\_

**HOW LONG HAVE YOU KNOWN THE APPLICANT?** \_\_\_\_\_

**DO YOU FEEL YOU KNOW THE APPLICANT WELL ENOUGH TO GIVE A REFERENCE?**

**YES**

**NO**

**IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?** \_\_\_\_\_

---

**DO YOU CONSIDER THE APPLICANT TO BE DEPENDABLE?**      **YES**                      **NO**

**DO YOU BELIEVE THE APPLICANT IS ABLE TO KEEP SENSITIVE INFORMATION CONFIDENTIAL?**      **YES**                      **NO**

**TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER BEEN ACCUSED, ARRESTED, OR CONVICTED OF A CRIME?**      **YES**                      **NO**

**TO YOUR KNOWLEDGE, DOES THE APPLICANT HAVE A DRINKING OR DRUG PROBLEM?**      **YES**                      **NO**

**TO YOUR KNOWLEDGE, DOES THE APPLICANT FINISH PROJECTS AND ACTIVITIES THAT THEY START?**      **YES**                      **NO**

**TO YOUR KNOWLEDGE, DOES THE APPLICANT HAVE THE ABILITY TO BE NONJUDGEMENTAL AND UNBIASED TOWARDS OTHERS BEHAVIOR'S OR LIFESTYLES?**      **YES**                      **NO**

**IS THERE ANYTHING YOU WOULD LIKE TO ADD THAT YOU WOULD CONSIDER IMPORTANT ABOUT THIS INDIVIDUAL? IN OTHER WORDS, PLEASE COMMENT ON ANYTHING YOU KNOW**

