



MARIN COUNTY SCHOOL VOLUNTEERS (MCSV)

Reference Request

TWO REFERENCES REQUIRED

Volunteers: please fill out top portion of this form, sign, and give to your reference.

I give my permission for Marin County School Volunteers to contact the below named reference and to release this information about me. ***I understand this information is confidential between my reference, School District personnel and MCSV.***

PRINT VOLUNTEER'S NAME

VOLUNTEER'S SIGNATURE

Dear _____ (PRINT REFERENCE'S NAME) Date: _____

I am interested in volunteering to work with students in a Marin County public school. Please take a moment to answer the following questions. Your time and careful thought will enable MCSV to make an appropriate placement. Since MCSV cannot place me without this completed form, it is important that it be returned as soon as possible. Thank you so much for your help.

TO BE FILLED OUT BY REFERENCE CONTACT

All information is confidential. When you have completed this questionnaire, please send to Marin County School Volunteers at P.O. Box 4925, San Rafael, CA 94913.

To expedite matters, you can FAX this form to us at (415) 491-6668. Thank you.

1. In what capacity have you known the applicant and for how long? (i.e. work, school, etc.)

2. How would you describe the applicant's ability to work with youth?

3. If you were a teacher, would you be comfortable having the applicant volunteer in your class? Explain.

ADDITIONAL COMMENTS: (Please use the back if necessary)

REFERENCE'S SIGNATURE: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Thank you for taking the time to complete this questionnaire. If additional space is needed, please use a separate sheet of paper.

Marin County School Volunteers envisions the day when each child will receive the individual help needed to enable him/her to realize his/her academic potential.



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