

VOLUNTEER REFERENCE FORM

Private & Confidential

Dear

..... has applied to be a volunteer at Greater Manchester Rape Crisis. GMRC operates a telephone helpline for women and girls who have been raped or sexually abused.

Many of the women using our service are vulnerable with a diversity of needs. For those reasons we ask that all our applicants are age 21 and above.

Your name has been given as someone willing to provide a reference regarding the suitability of the applicant to work as part of a team dealing with telephone calls from survivors of sexual violence.

The work is exempt from the Rehabilitation of Offenders Act 1974. This means that if you are aware of any convictions that the above named has they must be declared, even if they are spent.

We would be grateful if you would complete the attached reference form regarding the suitability of the applicant to work with vulnerable women. Please indicate the amount of time you have known the applicant and in what capacity. Any information you supply will be treated with the strictest confidence and will only be used to determine the applicant's suitability for the post.

If you wish to speak to me about any matter concerned with this please do not hesitate to contact me.

Yours sincerely,

Anne Stebbings
CEO

This form is for you to complete as a reference for:

If you are not willing to supply a reference please call Anne Stebbings, in strict confidence on 0161 273 4591 so that we can note this and not await your reply.

Please note: We cannot accept references from friends and family. You must have known the named person for at least one year.

1) How do you know the applicant? (Please tick)

Current Employee

Ex-employee

Colleague

Ex-volunteer

Client

Other (please detail):

2) How long have you known the applicant?

3) If you were/are their employer, please give dates of employment

4) How would you describe the applicant's reliability?

5) What are your comments on their suitability for this type of volunteering?

6) What are the applicant's strengths/weaknesses as you see them in relation to the volunteer role described?

7) Please comment on the applicants ability to work both individually and as a member of a team.

8) Are you aware of any support needs or health issues the applicant has which may require consideration? If yes, please give any details that you can below:

Yes No

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9) If applicable, would you re-employ this person or have them volunteering for your organisation again?

Yes No Not applicable

10) Please use the space below to add any further comments that you think might be helpful to us.

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Your Name: Job Title:

Signature: Date:

Thank you for taking the time to complete this reference. The information you have provided will be stored securely in accordance with the Data Protection Act.