



Written Reference Form for Volunteer Applicants for Enumclaw Middle School

This form must be completed and returned to Nicole Jones by mail, email or fax prior to approval
Enumclaw Middle School 550 Semanski Street, Enumclaw WA 98022
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Phone 360-802-7154
Fax 360-802-7244

Applicant's Name: _____ **Name of School:** _____

_____ *Has applied to become a volunteer with the Enumclaw School District No. 216 and we are asking you to evaluate the applicant on criteria listed below.*

Person Providing Reference: _____	Date: _____
Phone: () _____	
Organization: _____	

1. How long and in what capacity have you known the applicant?

2. This position requires the ability to work in a team setting and have extensive interactions with students. The applicant will be providing important support and needs to demonstrate a commitment in the assignment. How would you assess the applicant's ability to perform the duties of this position?

3. How does the applicant handle stressful situations?

4. Please identify this applicant's greatest strengths as a volunteer.

5. Please identify any concerns.

6. Do you know of any reason why the applicant should not be selected to work around students?

This information is being gathered solely for the purpose of determining the appropriateness of an applicant being allowed to volunteer in the Enumclaw School District. All responses shall be regarded as confidential and shall not be used for any other purpose.

Please retain at building level.