

MONONGALIA COUNTY VICTIM ASSISTANCE PROGRAM
PROSECUTING ATTORNEY'S OFFICE
FIRST FLOOR JUSTICE CENTER
75 HIGH STREET MORGANTOWN, WV
26505 ☎ (304) 291-7286

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, had 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 nonjudgmental and unbiased towards others' behaviors or lifestyles? **Yes No**

Is there anything you would like to add that you would consider important about this individual? Please comment on anything you know about the applicant that would qualify or disqualify him/her for this volunteer position.

Printed Name

Phone

Signature

Date

Thank you for your open and honest responses. Please return this completed form as soon as possible to:

**Monongalia County Victim Assistance Program
Prosecuting Attorney's Office
75 High St., 1st Floor Justice Center
Morgantown, WV 26505**