

Pregnancy Resource Center of the Park Rapids Area PO Box 759 Park Rapids, MN 56470

VOLUNTEER REFERENCE REQUEST

Reference for				
The above-named person has applicant has authorized us taking unplanned pregnancies	o conduct a reference			
Some of the	qualities sought in a	volunteer are:		
with whom they	sponsible attitude; a work	willingness to give	ord of their lives e of themselves to the and an ability to com	
We have asked each applicant a person who knows them describing the applicant with	well. Please answer	the questions bel	ow and write a short	
How long have you known th	e applicant?		and the second s	
What is your relationship to the	he applicant? (e.g., p	eastor, relative, frie	end)	
How would you rate the appli	cant regarding:			
	Below average	Average	Above average	
Dependability				
Spiritual maturity				
Communication skills				
Cooperation				
Compassion/Mercy				
Submission to authority				
Initiative				

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218-732-5212

Please	briefly	describe	applicant	and your	relationshi	p with	applicant:

Your name (please print)	
Daytime phone number	
Signature	Date

Please mail the completed form to PO Box 759 Park Rapids, MN 56470. Thank you.