

# The Scout Association Reference Form (RF)

Name of applicant

Address  
  
  
  
  
  
Postcode

Appointment under consideration

Dear

The above named has offered to help with the work of The Scout Association and has given your name as a referee.

As an organisation committed to the welfare and protection of children and young people, we must be sure that any new volunteers are suitable before they can be accepted. It would be appreciated if you could assist in this important matter.

Could you please take a few minutes to complete this reference, which will remain absolutely confidential and return it to the person identified at the bottom of this page. (A stamped addressed envelope is enclosed for your reply).

It would be very helpful to have your reply by

In commenting on the applicant please would you bear in mind that the appointment under consideration may involve substantial work with children, young people or charitable funds. We would therefore appreciate you being extremely candid in your evaluation.

Thank you for your help.

Yours sincerely

(Secretary, District/County Appointments sub-Committee)

Please return to:

## Your reference

Please use capital letters

1. How long have you known the applicant?

2. In what capacity?

3. Are you aware of any reasons why the applicant should **not** be considered for the appointment?

Yes No

*If you have answered 'yes' we will contact you in confidence.*

4. What attributes does the applicant have that would make them particularly suitable?

5. How would you describe their personality?

6. Please rate the applicant on the following : *Please tick one*

	Poor	Average	Good	V.Good
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivating others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with other adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Are there any other comments you would like to make about the applicant?

Name of referee

Signature

Date

Telephone code and number

daytime:

evening: