DIOCESE OF ST. AUGUSTINE
CONFIDENTIAL REFERENCE CHECK

Name of Volunteer Applicant _____

Class/Club/Sport for which you are volunteering _____

The above named person has volunteered his/her time to work with the students at Blessed Trinity Catholic School, an entity of the Diocese of St. Augustine, and has given your name as a reference. Please complete this form and return by mail or in person to the following address at your earliest possible convenience. The information you provide will be kept strictly confidential and will be used solely to evaluate the applicant's suitability for service within the Diocese of St. Augustine.

Please return form to: Blessed Trinity Catholic School
10472 Beach Blvd.
Jacksonville, Fl 32246

1) How long have you known the applicant? _____

2) What is your relationship with the applicant? _____

3) How would you describe this applicant's personality? _____

_____

	YES	NO
4) Do you have any knowledge of the applicant being arrested or convicted? If yes, please explain _____	___	____
5) Based upon your experience, is the applicant reliable, responsible and dependable?	____	____
6) Would you trust the applicant to work in connection with youth, the disabled or the elderly? If no, please explain: _____	____	____

7) Is there anything else about the applicant that you would like to share?

_____

_____ _____ _____
Reference Name (please print) Reference Signature Date

Home Address/Zip Home Phone Work Phone

Thank you for your time and prompt return of this form.