

Gateway-Longview, Inc.
Reference Form for Volunteers/Interns

Name of Applicant: _____

Name of Reference: _____

Relationship to Applicant: _____

Length of time you have known applicant: _____

The above named individual has applied to volunteer at Gateway-Longview and had given your name as a reference. Gateway-Longview serves children who range from birth-21 years old. Most have been classified as emotionally/behaviorally disturbed and come from homes with a variety of issues. Please indicate below how you would rate this applicant and return in the self addressed envelope. Thank you for your assistance in this matter.

	Superior	Above Average	Average	Below Average
Dependable / Reliable				
Caring / Compassionate				
Takes direction well				
Ability to set limits				
Self-motivation				
Communication Skills				

Additional comments / anything that we should know about applicant:

Please return to:
Sara Lester
Recreation Supervisor
Gateway-Longview, Inc.
6350 Main Street
Williamsville, NY 14221