



Scripture Union

New South Wales

*Sharing the good news
of Jesus since 1867*

Continuing Volunteer Reference Check

Date:

Applicant's Name: _____

Referee's Name: _____

Referee's Phone: _____ Email _____

Relationship to volunteer ☐ Minister/Pastor ☐ Church Colleague
☐ Work Colleague ☐ Other

Please note: *referee must not be your Team Director, relative or partner*

Is this person still a regular part of a local church or faith community? ☐ Yes ☐ No

Does this person still demonstrate a genuine Christian faith? ☐ Yes ☐ No

Is there anything that has changed in the last 12 months that would affect this person's suitability to work with children or young people on an SU ministry? If so please provide details. ☐ Yes ☐ No

How strongly would you recommend this person?

☐ Not at all ☐ With Reservations ☐ Recommend ☐ Strongly Recommend