



Applicant's Name: _____

Referee's Name: _____

Referee's Phone: _____ **Email:** _____

Relationship to volunteer: ☐ Minister/Pastor ☐ Work colleague
☐ Church colleague ☐ Other (must not be your Team Director, relative, or partner)

Referees must not be family/relative or in a relationship with them or be the person approving their application

1. How long have you known the applicant and in what capacity?

2. How regular and involved is the applicant in their church or local faith community?

3. Would you describe the applicant as:

☐ Not a Christian yet ☐ A new believer ☐ A growing Christian ☐ A mature believer ☐ Don't know/unsure

4. In regards to the applicants suitability to lead and take responsibility for the safety of children and young people, please comment on the following:

a. The applicants gifts/skills:

b. The applicants character/personality:

c. The applicants areas for growth:

5. How do you think the applicant would respond to working:

a. Under the leadership of a Team Leader?

b. As a member of a team?

c. With members of the opposite sex?



6. SU is an interdenominational organisation. How well do you think the applicant will be able to lead, serve and work agreeably with others who may have different views?
7. How strongly would you recommend this person for work with children and young people?
☐ Not at all ☐ With reservations ☐ Don't know/can't say ☐ Recommend ☐ Strongly recommend
8. To the best of your knowledge is there any reason the applicant would be considered unsuitable to work with children and young people?
9. Any other comments that may assist us in determining the applicant's suitability?

Completed By :

Date Received:

Office Use Only

Date Completed :

Once complete, please email to