



"Neighbors Helping Neighbors Since 1972"

TO THE APPLICANT:

Please fill out the lines below and give this form to each of your references.

Name: (Mr. Mrs. Ms.) _____
First Last

Address: _____
Street City State Zip

Phone Numbers: Day _____ Evening _____ Cellular _____ Other _____

TO THE PERSONAL REFERENCE:

"Neighbors Helping Neighbors" has been the guiding concept behind our organization since our founding in 1972 by eight Greenwich Village community members. Today, our professional staff and more than 400 dedicated volunteers help over 1,000 seniors each year. Our programs and services help seniors maintain their independence, by connecting them to someone who cares.

Support to our elderly neighbors

Our volunteer visitors help seniors alleviate loneliness and isolation, provide emotional security and offer mental stimulation. We escort seniors to medical appointments, assist with errands and shopping, and reach out a helping hand to our community's elderly who may have no family or friends nearby.

What makes us special

We pride ourselves on the individual attention we give to every senior and volunteer. We take the time to get to know our participants and find out what concerns them most. We learn about their history, their interests, and most importantly, what makes them unique. Our volunteers are carefully screened, and are individually matched with seniors based on their personal interests. Every volunteer receives personal support from our staff. They know our expertise is always available if their senior needs some extra help, or if they have any questions. Our friendly visiting program has enriched the lives of both seniors and volunteers for three decades.

The person named above is applying to be a volunteer. The applicant has indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation. The success of *Visiting Neighbors, Inc.* largely depends upon an appropriate match between seniors and volunteers. Considerable value is placed on personal references during the application review process. Your input is greatly appreciated. This reference will be kept confidential.

Name of Reference: (Mr. Mrs. Ms.) _____
First Last

Position/Title: _____

Organization/Institution: _____

Address: _____
Street City State Zip

Phone Numbers: Day _____ Evening _____ Cellular _____ Other _____

3 Washington Square Village, Suite 1F, New York, NY 10012
Telephone: (212) 260-6200 ~ Fax: (212) 260-2962 ~ www.visitingneighbors.org

Name of Applicant: _____

How long have you known the applicant? Years: _____ Months: _____

In what capacity have you known the applicant?

- Job Supervisor/Employer Clergy
 Volunteer Supervisor Friend
 Teacher Other (specify): _____

Please rate the applicant based on your knowledge of his/her performance.

Dependability	Excellent-	<input type="checkbox"/>	Good-	<input type="checkbox"/>	Fair-	<input type="checkbox"/>	Poor-	<input type="checkbox"/>	Do Not Know-	<input type="checkbox"/>
Work ethic	Excellent-	<input type="checkbox"/>	Good-	<input type="checkbox"/>	Fair-	<input type="checkbox"/>	Poor-	<input type="checkbox"/>	Do Not Know-	<input type="checkbox"/>
Initiative	Excellent-	<input type="checkbox"/>	Good-	<input type="checkbox"/>	Fair-	<input type="checkbox"/>	Poor-	<input type="checkbox"/>	Do Not Know-	<input type="checkbox"/>
Competence	Excellent-	<input type="checkbox"/>	Good-	<input type="checkbox"/>	Fair-	<input type="checkbox"/>	Poor-	<input type="checkbox"/>	Do Not Know-	<input type="checkbox"/>
Relationships with others	Excellent-	<input type="checkbox"/>	Good-	<input type="checkbox"/>	Fair-	<input type="checkbox"/>	Poor-	<input type="checkbox"/>	Do Not Know-	<input type="checkbox"/>
Maturity	Excellent-	<input type="checkbox"/>	Good-	<input type="checkbox"/>	Fair-	<input type="checkbox"/>	Poor-	<input type="checkbox"/>	Do Not Know-	<input type="checkbox"/>
Desire to serve others	Excellent-	<input type="checkbox"/>	Good-	<input type="checkbox"/>	Fair-	<input type="checkbox"/>	Poor-	<input type="checkbox"/>	Do Not Know-	<input type="checkbox"/>
Patience	Excellent-	<input type="checkbox"/>	Good-	<input type="checkbox"/>	Fair-	<input type="checkbox"/>	Poor-	<input type="checkbox"/>	Do Not Know-	<input type="checkbox"/>

Do you have any adverse information about this person's volunteer history, residence, or activities concerning:

Convictions	No <input type="checkbox"/> Yes <input type="checkbox"/>	Mental or Emotional Stability	No <input type="checkbox"/> Yes <input type="checkbox"/>
Financial Integrity	No <input type="checkbox"/> Yes <input type="checkbox"/>	General Behavior or Conduct	No <input type="checkbox"/> Yes <input type="checkbox"/>
Other Matters	No <input type="checkbox"/> Yes <input type="checkbox"/>		

Is this person appropriate for volunteering?

- YES
 NO – Reasons: _____

Do you have any reason to question this person's honesty or trustworthiness?

- NO
 YES
 I do not know this person well enough to respond

What is your overall recommendation?

- I recommend the applicant without reservation as an excellent candidate.
 I recommend the applicant as a good candidate.
 I have some reservations, but I believe the applicant has a reasonable chance of success.
 I have some substantial doubts about the applicant.
 I do not recommend this applicant.

Please provide any additional information (negative or positive), which you feel may have a bearing on this person's suitability for volunteering at *Visiting Neighbors, Inc.*

Your Signature: _____ Date: _____

Please return this form to Visiting Neighbors.

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