MDS COMMUNITY ACTION AGENCY

FOSTER GRANDPARENT PROGRAM

VOLUNTEER REFERENCE CHECK

Please complete the following form. Please print.

Applicant's Name: _____ Date: _____

9. Is this person a friend or relative?

10. Have you observed this person's relationship with others, particularly children? If yes, rate applicant's relationship to others. Check all that apply.
    _____ Well liked _____ Friendly _____Stern _____Impatient

11. How does this person carry out routine tasks?
    _____ Excellent _____ Good _____Average _____ Fair _____ Poor
12. How does this person assume responsibility?
    _____ Excellent _____ Good _____Average _____ Fair _____ Poor
13. Does this person appear to be honest and of good character?
    _____ Yes _____ No
14. Do you consider this person emotionally stable?
    _____ Yes _____ No
15. Would you feel comfortable having this person relate to a child of your own or a child close to you?
    _____ Yes _____ No
16. Other information you consider pertinent to this applicant. _____

_____
_____
_____
_____

All information will be held confidential.

Reference Signature: _____ Date: _____

Address: _____City_____State___Zipcode_____

Phone: _____

Please mail completed form to:

Peggy Ramsden, FGP Director

Donelle Robitaille, FGP Volunteer Coordinator

Foster Grandparent Program

MDS Community Action Agency

507 1st Avenue North

Escanaba, MI 49829

Revised: 1/20/2026