

The Kennedy Center, Inc
2440 Reservoir Avenue
Trumbull, CT 06611
(203) 365-8522 Ext. 206
(203) 371-1479 Fax

VOLUNTEER REFERENCE

Volunteer: _____

Name of person giving reference: _____

Position: _____

Place of Work: _____

Telephone Number: _____

Email address: _____

How long have you known the applicant? _____

How do you know the applicant? _____

What are the outstanding strengths of this individual? _____

What are areas for further growth/needs of improvement? _____

What else would you like us to know about this individual? _____

This volunteer will have direct contact with children and adults with disabilities. Would you recommend this person for this type of position?

Signature of Author _____

Date: _____

Please return directly to the applicant or send to the Volunteer Coordinator at the above address or fax. Thank you!