

*Nothing is small in the service of God*

The volunteer service program of the Oblates of St. Francis de Sales

**Personal Reference Form**

**DSW Summer Internship**

522 State Street

Camden, NJ 08102

www.desalesservice.org

**DSW Director**:

Mike Morgan: dsw.morgan@gmail.com (757) 897-4583

**PERSONAL REFERENCE**

Applicant’s Name

To the Applicant: Please check one of the following statements:

I waive my right of access to this reference form

I do NOT waive my right of access to this reference form

Signature of Applicant

Name of Reference

Address

City       State       Zip       Phone (     )

**To the Reference Writer:**

DeSales Service Works seeks mature, well-balanced and spiritually motivated men and women to serve those in need. It is important that we receive an honest evaluation of the applicant’s personality, capabilities, strengths and weaknesses. No applicant will be judged on the basis of a single reference. Please feel free to omit any questions you do not feel qualified to answer. Please return this reference form to the mailing address or email above. Thank you for your assistance!

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

2. What are the applicant’s strengths?

3. What are the applicant’s weaknesses?

4. Please make a statement concerning your overall impression of this person. Please include your appraisal of the type of influence this person will exert on others.

5. Evaluate the applicant’s ability to live and work with others. What qualities might help or hinder the applicant?

6. Describe the applicant’s style of getting things done. Give a brief example.

7. Are you aware of any psychological or physical reason that would indicate that this person might not be suited for this program?       If yes, please explain.

Overall, how would you rate the applicant?

Recommended

Very Good, no reservations

Might be OK, some reservations

Weak, should be discouraged

List three adjectives that best describe the applicant:

1

2

3

If you wish to share additional comments please do so here:

Signature       Date



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A Ministry of the Oblates of St. Francis de Sales

**Spiritual Reference Form**

**DSW Service Year Volunteer**

522 State Street

Camden, NJ 08102

www.desalesservice.org

**DSW Director**:

Mike Morgan: dsw.morgan@gmail.com (757) 897-4583

**SPIRITUAL REFERENCE**

Applicant’s Name

To the Applicant: Please check one of the following statements:

I waive my right of access to this reference form.

I do NOT waive my right of access to this reference form.

Signature of Applicant

Name of Reference:

Address

City       State       Zip       Phone (     )

**To the Reference Writer:**

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

2. What are the applicant’s strengths?

3. What are the applicant’s weaknesses?

4. Give an example reflecting the applicant’s typical reaction to situations of conflict.

5. How integrated is the applicant’s faith with his/her life?

6. How motivated by faith and religious values is the applicant? Explain.

7. How open is the applicant to praying with others?

Overall, how would you rate the applicant?

Recommended

Very Good, no reservations

Might be OK, some reservations

Weak, should be discouraged

List three adjectives that best describe the applicant:

1

2

3

If you wish to share additional comments please do so here:

Signature       Date