



WETASKIWIN REGIONAL PUBLIC SCHOOLS

"Inspiring students to become the best they can be."

Reference Form for WRPS Volunteers

FORM 490-6

You have been asked to provide **one** of three references for: _____

Please complete the questions thoroughly and candidly. WRPS will keep your responses confidential.

How long have you known the applicant? _____

What is your relationship to the applicant? (Check one or more)

☐ Acquaintance ☐ Co-worker ☐ Supervisor ☐ Relative ☐ Employer ☐ Other: _____

Using a scale of **1 to 5** (with 5 being the highest), describe the applicant's level of:

Responsibility ____ Leadership ____ Dependability ____ Honesty ____ Communication with youth ____

Comments: _____

Would you feel comfortable having the applicant work on a one-to-one basis with a child for whom you are responsible? ☐ Yes ☐ No If **no**, explain: _____

Do you have reason to believe the applicant has problems with alcohol or drugs?

☐ Yes ☐ No If **yes**, explain: _____

Do you have reason to believe the applicant may be verbally, physically or sexually abusive with children?

☐ Yes ☐ No If **yes**, explain: _____

Do you have any hesitation in recommending the applicant as a volunteer for WRPS?

☐ Yes ☐ No If **yes**, explain: _____

Other comments:

Reference's Information:

Name: _____ Phone (H): _____ Cell: _____

Mailing Address: _____ City _____

Province _____ Postal Code _____ Email: _____

Signature _____ Date _____

Please return by _____ to _____
Date School

If you have any questions about the collections, use or disclosure of information collected on this form, please contact the **WRPS FOIP Coordinator at 5515 – 47A Ave., Wetaskiwin, AB, T9A 3S3**. The phone number is (780)352-6018 and the fax is (780)352-7886.