

SOUTH AFRICAN SCOUT ASSOCIATION

Reference Form (R F)

(The reference Form (RF) is an optional aid to ensure thorough reference checks and supporting documentation for appointment. In some circumstances the enforcement of the Reference Form are not practically possible)

Name of the applicant

Address

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|--------------------|
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| |
| |
| |
|Postcode..... |

Appointment under consideration

Dear

The above -named has offered to help with the work of the South African Scout Association and given your name as a referee.

As an organisation committed to the welfare and protection of children and young people, we must be sure that any new volunteers are suitable before they can be accepted. It would be appreciated if you could assist in this important matter.

Could you please take a few minutes to complete this reference, which will remain absolutely confidential and return it to the person identified at the bottom of this page.

It would be very helpful to have your reply by

In commenting on the applicant please would you bear in mind that the appointment under consideration may involve substantial work with children, young people or charitable funds. We would therefore appreciate you being extremely candid in your evaluation.

Thank you for your help.

Yours sincerely

Secretary

National/Area/District Appointment Committee.

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|------------------|
| Please return to |
| |
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| |

Your reference

Please use capital letters.

1. How long have you known the applicant?

2. In what capacity?

3. Are you aware of any reasons why the applicant should not be considered for the appointment? Yes No

4. What attributes does the applicant have that would make him /her particular suitable?

.....

5. How would you describe his/her personality?

.....

6. Please rate the applicant on the following: Please tick one

| | Poor | Average | Good | Very Good |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivating others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commitment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trustworthiness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working with other adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect for others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working with youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Are there any comments you would like to make about the applicant?

.....

Name of the referee

Signature (referee or checker)

Date

Telephone code and number