



CENTRAL MINNESOTA FOSTER GRANDPARENT PROGRAM

157 Roosevelt Road Suite 200, St. Cloud, MN 56301
(320) 229-4588 or toll-free 1-866-895-7992



_____ voluntarily and knowingly
gave his/her permission for you, _____
to complete this form for the Central Minnesota Foster Grandparent Program.

Date: _____

Dear Reference:

The above named person has applied to be a Foster Grandparent Volunteer as part of the Central Minnesota Foster Grandparent Program and has given your name as a reference.

A Foster Grandparent Volunteer is responsible to carry out assigned tasks on a day-to-day basis with children who have special needs, as directed by the Volunteer Site Supervisor. Activities include educational and recreational activities, daily living skills, manners, social skills, going for walks, playing cards, crafts, taking time to listen and talk with each other and helping children with their responsibilities in an individual and small group setting.

Please complete this form and return it as soon as possible.

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

2. Have you observed the applicant's interaction with children?

Yes _____ No _____

Comments: _____

3. How does the applicant assume responsibility?

Excellent _____ Good _____ Average _____ Fair _____ Poor _____

4. How well does the applicant carry out routine tasks?

Excellent _____ Good _____ Average _____ Fair _____ Poor _____

5. Does the applicant appear to be honest and of good character?

Excellent _____ Good _____ Average _____ Fair _____ Poor _____

6. Would you feel comfortable having the applicant relate to a child close to you?

Yes _____ No _____

Comments: _____

7. Do you know of any reason why you would be unable to recommend this person as a volunteer for the Foster Grandparent Program?

8. Is there anything else you can tell us that might help us reach a good decision?

All information received will be held confidential. If you have any questions, please call the Central MN Foster Grandparent Program at (320) 229-4588. Thank you for your assistance.

Signature of Reference

Date

Address

() _____
Telephone Number