

Friendship Ventures

Reference for Employment

_____ is applying for a position as a _____ with Friendship Ventures, an agency that serves children and adults with developmental and other disabilities. As a staff member, they will be required to assist participants with activities of daily living (i.e. dressing, eating, showering, etc.) and other personal cares as needed. Staff members are also expected to help plan and organize a wide variety of recreational and leisure activities for the individuals placed in their care. This individual has provided written consent for the reference on their application. Please call us if you request to see written permission.

Being a staff member with Friendship Ventures is a demanding job. It requires a great deal of physical and emotional stamina, cooperation, initiative, enthusiasm, common sense and consistency. Our staff members are entrusted with vacationers' safety and well being; therefore, it is imperative that you provide an honest and completely frank response to this inquiry. Please complete both sides of this form. Thank you.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Using the following scale, please rate the applicant: 0-Not applicable 1-Poor 2-Fair 3-Average 4-Good 5-Excellent

ABILITY & MATURITY IN WORKING WITH PEOPLE	0	1	2	3	4	5
LEADERSHIP ABILITY	0	1	2	3	4	5
COMMON SENSE/JUDGEMENT	0	1	2	3	4	5
ABILITY TO FOLLOW INSTRUCTION	0	1	2	3	4	5
ABILITY TO ACCEPT CONSTRUCTIVE FEEDBACK	0	1	2	3	4	5
RELIABILITY & DEPENDABILITY	0	1	2	3	4	5
ABILITY TO TAKE RESPONSIBILITY & INITIATIVE	0	1	2	3	4	5
GENERAL ATTITUDE	0	1	2	3	4	5
ABILITY TO WORK AS A TEAM MEMBER	0	1	2	3	4	5
ABILITY TO RESOLVE CONFLICT	0	1	2	3	4	5
ABILITY TO COMMUNICATE WITH CO-WORKERS & SUPERVISOR	0	1	2	3	4	5
ABILITY TO USE HUMOR	0	1	2	3	4	5
ABILITY TO BE FLEXIBLE	0	1	2	3	4	5

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Has this individual honored their commitment to you or your organization?

Would you entrust this individual to care for one of your family members? ____ yes ____ no

Have you seen this individual handle stress and how did they respond to stress?

Do you have any reason to believe that this individual should not work with children or vulnerable adults?

No ____ Yes ____ If Yes, why? _____

Your comments on the ratings would be greatly appreciated, in addition to your overall impression of the suitability of the applicant for a position with Friendship Ventures.

Signature of Reference Date ____/____/____

Name of Reference (please print): _____

Position/Title: _____ Agency: _____

Phone: (_____) _____

Address: _____

City/State/Zip: _____

May we contact you for further information? ____Yes ____No

Please return this form directly to one of the addresses below (circled site) or **email to:**
jobs@friendshipventures.org

Program Team
Friendship Ventures - CF
10509 108th St. NW
Annandale, MN 55302
Fax: 952-852-0123

Program Team
Friendship Ventures – EW
6350 Indian Chief Rd.
Eden Prairie, MN 55346
Fax: 952-852-0120

OFFICE USE ONLY:

sent by: LT MK MW JS