



SCOTTY'S HOUSE

Brazos Valley Child Advocacy Center

Where the healing begins

Volunteer Reference Form

Please provide the following information:

Volunteer's Name: _____

How long have you known this person and in what capacity?

In your opinion, is this person capable of working with children and families in a crisis situation?

Please tell us why:

Does this person usually exercise good judgment?

Please elaborate:

How would this person relate to a child dealing with highly sensitive issues, and do you have any hesitation about this person working in this capacity?

Please share any additional pertinent information that would assist us in evaluating this person's involvement with our agency.

Please attach additional pages if needed.

Signature

Date

Print Name

Please have this completed and returned directly to Scotty's House.

*Mail to: Scotty's House
2424 Kent St.
Bryan, TX 77802*