



## Diocese of Altoona-Johnstown

Protecting God's Children Program

5379 Portage Street

Lilly, PA 15938

814-886-8250

E-mail: [smarilyn@dioceseaj.org](mailto:smarilyn@dioceseaj.org)



Personal Reference Check: \_\_\_\_\_

Dear \_\_\_\_\_

The above named individual has applied to serve as a volunteer Victim's Advocate. In order to make an informed decision about the qualifications of volunteers for this program we are requiring all volunteers to submit to a thorough background check. You have been listed as a \_\_\_\_\_ reference. A copy of the release that has been signed by the applicant is attached. Any information that you give will be held in the strictest confidence.

Thank you for your cooperation and prompt response.

Sr. Marilyn Welch  
Program Coordinator

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How long have you know this applicant? \_\_\_\_\_

In what capacity/relationship do you know this applicant?

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Why do you think this applicant would be a good choice for this position?

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Do you know of any reasons why this applicant should not be considered for this position?

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How does this applicant relate to children?

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How does this application relate to adults and/or groups of adults?

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Would you permit this individual to care for your children/grandchildren?

Yes

No

Why not? \_\_\_\_\_  
\_\_\_\_\_

Is there any other information you think would be helpful or important to us in our decision regarding this applicant?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

\_\_\_\_\_  
Phone #