



200 S.E. 19th Avenue
Pompano Beach, FL 33060
www.bcckids.org
(954) 283-2160
volunteer@bcckids.org

PERSONAL REFERENCE CHECK

Name: _____

Date: _____

Address: _____

_____ has applied for a volunteer position with our facility and has given your name as a personal reference. We would appreciate your writing a character reference on this person. The volunteer will be working either directly or indirectly in a facility for children who are physically and/or mentally handicapped as well as medically complex. We hope that this information will assist you with your comments.

Signature: _____

Date: _____