

American Youth Soccer Organization
Safe Haven



REFERENCE CHECK FORM

Date: _____ Region # _____

Volunteer's Name: _____

Reference Name: _____

Address: _____

Phone: _____ Fax: _____

Specific Questions:

1. Are you pleased or would you be pleased to have the applicant work with you again? _____

2. How would you describe her/his personal characteristics? _____

3. Have you ever seen her/him discipline a child? If so, please describe what you saw her/him do. _____

4. Do you think there may be any problems or conditions that would in any way endanger the children under the applicant's care? These problems may include, but are not limited to, substance abuse, mental or emotional illness, or history of child mistreatment.

Additional Comments:

Reference Check Completed By:

(Please Print and Sign)

I, (name) _____, authorize AYSO to conduct a reference investigation in order to assess my eligibility for a volunteer position. I authorize all persons who may have information relevant to the reference check to disclose it to AYSO, and I release all persons from liability due to such disclosure.