



You have been given as a reference for: \_\_\_\_\_

who is applying for the following volunteer position:

\_\_\_\_\_  
*(Briefly describe position and responsibilities)*

Your Name: How long have you known the applicant	Applicant works well with the appropriate age group of girls Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Comments:	Relationship to the applicant
Applicant works well with others Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Comments:	Would recommend applicant for this position in Guiding Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Comments:	Would leave their own children with applicant Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Comments:

**For Office Use Only**  
Attach this appendix to the applicant's S.1

Date form received Back: \_\_\_\_\_

Screener iMIS #: \_\_\_\_\_

### Privacy

We protect and respect your privacy. Your personal information is used for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at [www.girlguides.ca](http://www.girlguides.ca) or contact your provincial or national office.

*S.1 Appendix for e-mail or faxing directly only to references provided*