



Volunteer Applicant: Please complete the items in **bold** and distribute a form to each of the two references listed on your application. Please have references returned directly to Columbia Lighthouse for the Blind's Volunteer Department.

Columbia Lighthouse for the Blind

Reference for Volunteer Position

The person named below is applying for a Columbia Lighthouse for the Blind volunteer position and has given your name as a reference. If selected, this individual would be working in a volunteer position with adult individuals who are blind or visually impaired from all segments of the population.

Your comments will be confidential and will not be shared with the applicant. Thank you.

Name of Applicant:

How long and in what capacity have you known the applicant?

What would you consider the applicant's strongest asset?

How would describe the applicant's personality?

How effective would the applicant be as a volunteer for people who are blind and visually impaired? Please explain answer.

Please rate the following using the number scale below:
 1-Excellent 2-Good 3-Average 4-Fair 5-Poor 6-Unknown

- | | | |
|---|---|---|
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Leadership | <input type="checkbox"/> Flexibility |
| <input type="checkbox"/> Enthusiasm | <input type="checkbox"/> Patience | <input type="checkbox"/> Reliability |
| <input type="checkbox"/> Listening Skills | <input type="checkbox"/> Sense of Humor | <input type="checkbox"/> Interpersonal Skills |

Additional remarks about the applicant:

Print Name: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Please return completed form to Columbia Lighthouse for the Blind
 ATTN: Volunteer Department, 1825 K Street, NW, Suite 1103, Washington, DC 20006