

Mental Habilitation Volunteer Advocate Reference Form

Date: _____

To Applicant: Please complete the following information and copy this form for each of your references. Forward one Volunteer Reference form to at least 2 different references that are qualified to assess your potential as a mental habilitation advocate. The references should be from current or former supervisors in a paid or volunteer position. Personal references, other than relatives, are acceptable.

Name of Applicant: _____

(Please Print) *Last* *First* *MI*

Applicant's Signature: _____

Name of person providing reference: _____

Position: _____

To Referee: The above named applicant is applying to be a Mental Habilitation Volunteer Advocate and is seeking a reference from you. To assist in our evaluation of the applicant, we would appreciate if you would complete the following reference form and mail the form to the Mental Habilitation Volunteer Advocate Program office at your earliest convenience. This information will help us determine the applicant's suitability to become a volunteer for adults with intellectual and developmental disabilities. Please be assured that any information you submit to our program will be held in the strictest confidence and reviewed only by program staff.

Name of person providing reference: _____

Company (if professional reference): _____

Position: _____

Address: _____

Street *City* *State* *Zip*

Telephone no.: _____

1. In what capacity do you know the applicant? _____

For how long? _____

2. Do you have knowledge of how the applicant relates to individuals with disabilities? Yes No

If yes, please explain: _____

3. Check as many of the following that describe the applicant:

- | | | | | |
|--------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Nervous | <input type="checkbox"/> Friendly | <input type="checkbox"/> Assertive | <input type="checkbox"/> Tactful |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Happy | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Considerate | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Reserved | <input type="checkbox"/> Moody | <input type="checkbox"/> Opinionated | <input type="checkbox"/> Follower | <input type="checkbox"/> Well-adjusted |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Confident | <input type="checkbox"/> Lacks Confidence |

4. Would applicant have problems working with any of the following:
- | | | |
|--|--|---|
| <input type="checkbox"/> Racial minorities | <input type="checkbox"/> Males | <input type="checkbox"/> Attorneys |
| <input type="checkbox"/> Females | <input type="checkbox"/> Handicapped | <input type="checkbox"/> Social Workers |
| <input type="checkbox"/> Judges | <input type="checkbox"/> Program Staff | |

Explain:

5. How well does the applicant comply with commitments?
- | | | | | |
|------------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Very well | <input type="checkbox"/> Well | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|

6. To your knowledge, has the applicant ever had a problem with substance abuse?

7. Do you feel that the applicant is in a position to make a year-long commitment to an individual with a intellectual or developmental disability?

8. Are you comfortable recommending this person as a Mental Habilitation Volunteer Advocate?

Please use the space below to add any additional comments summarizing your view of the applicant and their ability to work on behalf of an intellectually and developmentally disabled person.

Signature

Date

Please return form to:
Attn: Volunteer Advocate Program Coordinator
Mental Habilitation Volunteer Advocate Program
District of Columbia Superior Court
500 Indiana Ave., NW, Room 4475
Washington, DC 20001
(P) 202-879-0201