Appendix E – Volunteer Personal Reference Questionnaire

<table>
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<tr>
<th>Name of Volunteer/Intern Applicant</th>
<th>Date Completed</th>
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As required by section 110.503, Florida Statutes and Florida Administrative Code rule 60L-33.006, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

1. How long have you known the volunteer applicant? ____________________________

2. To your knowledge, has the applicant ever been convicted of a crime? ___________

3. Do you consider him/her to be of good moral character? If no, please explain. ______

4. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? _______ If yes, please explain: ____________________________

5. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? ______________________________

6. Do you have any additional comments concerning the applicant's character or reliability? ______________________________

7. What is your relationship to the applicant? ________________________________

Reference Signature ____________________________ Name (please print) ____________________________

Address ____________________________ Telephone ____________________________

City State Zip

Thank you for your time.

Upon completion, please return this form to: ______________________________