Volunteer Personal Reference Questionnaire
Nassau County Health Department

Name of Volunteer/Applicant ______________ Date Completed ______________

As required by section 110.503, Florida Statutes and section 60L-33.006, Florida Administrative Code, 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:
Nassau CHD, Volunteer Coordinator, 1620 Nectarine Street, Fernandina Bch, FL 32034

Exhibit E