

**Center for Family Life and Recovery, Inc.'s Compeer Program**  
**502 Court Street, Suite 401, Utica, NY 13502**  
**Phone: 315.768.2650 Fax: 315.733.1789 E-mail: cstanek@cflrinc.org**

The Compeer Program matches volunteers in supportive friendships with at-risk children and adults receiving mental health services. \_\_\_\_\_ has applied to be a Compeer volunteer and has indicated that you are a person that could give us information about his/her ability to provide this type of volunteer support. Please complete the form below and return it to our office as soon as possible. If you do not feel comfortable completing the reference form, please note "no comment" on the form and return it to us.

Please feel free to contact us at 315.768.2650 or by e-mail at cstanek@cflrinc.org if you have any questions regarding this reference check form. Return the form to: CFLR, INC., 502 Court Street, Suite 401, Utica, NY 13502.

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know him/her? \_\_\_\_\_

<b>Please rate the applicant using the following scale:</b>	Poor	Fair	Good	Excellent	Do Not Know
How do you rate the applicant's ability to work towards long term goals?					
How do you rate the applicants reaction to people who are physically ill?					
How do you rate the applicant's reaction to people who are emotionally or mentally ill?					
How do you rate the applicant's adherence to basic rules?					
Please rate the applicant on his/her ability to work with children.					
Please rate the applicant on his/her ability to work with adults.					
Please rate the applicant on his/her work/school attendance.					
How do you rate the applicant on how <b>responsible</b> he/she is?					
How do you rate the applicant on how <b>dependable</b> he/she is?					
How do you rate the applicant on how <b>sensitive</b> he or she is?					

Would you leave a child or loved one in the care of this person? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" please explain: \_\_\_\_\_  
 \_\_\_\_\_

Do you know of any reason why this person should not work with children or adults with handicapping conditions (mental or physical) in a one-on-one setting? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" please explain: \_\_\_\_\_  
 \_\_\_\_\_

Please indicate the strength of your overall recommendation by placing and "X" next to one if the following:

Recommend \_\_\_\_\_ Recommend with reservation \_\_\_\_\_ Do not recommend \_\_\_\_\_

Please add any additional comments or information below (feel free to include or attach additional documents):

\_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_