



Pascack Valley Meals on Wheels, Inc.
100 Madison Avenue, Suite 3 • Westwood, NJ 07675
(201) 358-0050 • Fax: (201) 358-0010 • pvmealsonwheels.org

_____ has applied to us for a position as a volunteer and your name was given as a reference. I assure you that any information you supply about this applicant will be held in strict confidence. If there is ever an opportunity for me to reciprocate, I will be pleased to do so. Thank you.

Sincerely,

Jeanne E. Martin
Director

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1. How long have you known the applicant? _____
 2. In what capacity have you known the applicant? _____

 3. Please indicate applicant's aptitude and skills: _____

 4. How would you rate her overall competence? (Check one.)
Outstanding _____ Good _____ Average _____ Fair _____ Poor _____
 5. Please state briefly what you believe to be her greatest strengths and weaknesses (if any):
 - a. Strengths _____

 - b. Weaknesses _____

Signature _____ Date: _____