

**Crossroads Christian Fellowship**  
**P. O. Box 1062**  
**Kapaa, HI 96746**

*Volunteer's Name:* \_\_\_\_\_

**REFERENCE FORM FOR EMPLOYEES AND VOLUNTEERS**

Name	Address	City and State	Zip Code	Telephone
<i>Personal:</i>				
<i>Professional:</i>				
<i>Family Member:</i>				

*References Required: Each applicant must submit the names and phone numbers of at least one professional reference, one personal reference and one family member. Additional professional references may be submitted if deemed helpful by applicant in allowing Crossroads Christian Fellowship to access applicant's fitness for volunteer position and qualifications. The professional references should be familiar with the quality of the individual's work. One of these references should be a person of the opposite sex.*