

*Children's Disaster Services*  
**Reference Form**

*(CDS candidate fills out this portion)*

<b>Name:</b> _____	<b>Workshop Location:</b> _____ _____
<b>Address:</b> _____	<b>Workshop Dates:</b> _____
<b>City/State/Zip:</b> _____	<b>Phone:</b> _____

The above candidate has completed the **Level I Children's Disaster Services** training and is applying for certification as an active volunteer with Children's Disaster Services. You have been requested to **write a letter of reference** on your own letterhead following the format below or you may use the reverse side of this form.

Then, **mail your letter of reference and/or this form** within 30 days of the above workshop dates to:

*Coordinator, Children's Disaster Services  
Brethren Disaster Ministries  
601 Main Street, PO Box 188  
New Windsor, Maryland 21776-0188*

*Thank you for supporting CDS and this prospective volunteer with your attention to this important request.*

**→ Respond to the following (please type or print clearly): ←**

1. Describe your relationship to this person, including how long and in what context you have known him/her.
2. Comment on this person's physical and emotional stamina, as well as their ability to deal with the challenges and stress of living and working under adverse conditions in a disaster setting.
3. Share your observations of this person's interactions with children. Can you vouch for this person's ability to tend to the needs of children appropriately and compassionately? Would you leave your children or grandchildren in this person's care? Do you have any reason to believe that this person would willfully neglect, hurt or abuse a child?
4. From your experience, would you say this person's actions are consistent with her/his beliefs? Does this person have the spiritual maturity to be a living witness to the values of love, compassion, and acceptance through her/his actions, while refraining from proselytizing others to her/his religious beliefs?
5. Comment on any character traits you think would commend this person as an effective disaster child care provider. Likewise, note any traits that might limit this person's effectiveness in a disaster situation.

**Your Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_