Kitchen
OF PURPOSE

Reference Information

Reference Name: _____

Organization/Employer (if applicable): _____

Job Title/Relationship to Applicant: _____

Phone Number: _____

Email Address: _____

Applicant Information

1. How long have you known the applicant?

☐ Less than 6 months
☐ 6 months–1 year
☐ 1–3 years
☐ More than 3 years

2. How do you know the applicant?

☐ Supervisor
☐ Former Supervisor
☐ Coworker
☐ Case Manager
☐ Teacher/Instructor
☐ Volunteer Coordinator
☐ Mentor
☐ Pastor/Faith Leader
☐ Other: _____

3. Why are you recommending this applicant for Kitchen of Purpose?
What strengths or skills will this applicant bring to the training program?

Strength/Skill 1:

_____
_____

Strength/Skill 2:

_____
_____

4. What goals or outcomes do you hope the applicant achieves through this program?:

   _____
   _____

5. Are there any barriers that may affect the applicant's participation or success in the program?:

☐ Transportation

☐ Housing

☐ Childcare

☐ Financial Hardship

☐ Work Schedule

☐ Confidence/Self-Esteem

☐ Time Management

☐ Other: _____

Comments: _____

6. How would you describe the applicant?

(Check all that apply.)

☐ Reliable

☐ Punctual

☐ Respectful

☐ Hardworking

☐ Positive Attitude

☐ Team Player

☐ Accepts Feedback

☐ Motivated to Learn

☐ Communicates Well

☐ Takes Initiative

7. If you have supervised or worked with the applicant, how would you rate the following?

	Excellent	Good	Needs Improvement	Not Applicable
Attendance				
Punctuality				
Professionalism				
Teamwork				
Ability to Follow Directions				

8. What is one area in which the applicant could continue to grow?

_____
_____

9. Would you recommend this applicant for Kitchen of Purpose's Training Program?

☐ Highly Recommend

☐ Recommend

☐ Recommend with Reservations

☐ Do Not Recommend

Comments (optional):

10. May Kitchen of Purpose contact you if we have follow-up questions?

☐ Yes

☐ No

Reference Signature: _____

Date: _____