

**Lowell Police Department
Volunteer Program**

CONFIDENTIAL QUESTIONNAIRE TO PERSONAL REFERENCES

_____ has applied to become a volunteer with the Lowell Police Department. He/she has given your name as a reference and we would greatly appreciate your taking the time to complete this confidential questionnaire. Please return this completed form to:

Volunteer Coordinator
Lowell Police Department
50 Arcand Drive
Lowell, MA 01850

Please answer the following questions to the best of your knowledge.

1. How long have you known applicant and in what capacity?
2. Does this person get along well with others? Yes [] No []
If not, please explain.
3. Is this individual trustworthy and reliable? Yes [] No []
If not, please explain.
4. Is there any reason why this individual should not be accepted as a volunteer with the Lowell Police Department? Yes [] No []

Comments:

Name_____

Signature_____

Date_____