

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**

State Surgeon General

**Vision:** To be the Healthiest State in the Nation

## MRC VOLUNTEER PERSONAL REFERENCE QUESTIONNAIRE

\_\_\_\_\_  
**Name of Volunteer/Intern Applicant**

\_\_\_\_\_  
**Date Completed**

As required by section 110.503, Florida Statutes and section 60L-33.006, Florida Administrative Code, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

1. How long have you known the volunteer applicant? \_\_\_\_\_
2. To your knowledge, has the applicant ever been convicted of a crime? \_\_\_\_\_
3. Do you consider him/her to be of good moral character? If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
4. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? \_\_\_\_\_
6. Do you have any additional comments concerning the applicant's character or reliability? \_\_\_\_\_  
\_\_\_\_\_
7. What is your relationship to the applicant? \_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Thank you for your time.

Upon completion, please return this form to: Florida Department of Health in Volusia County  
Attn: MRC  
P.O. Box 9190 Bin 111  
Daytona Beach, FL 32120-9190

Or click on