

To: _____

From: _____

I hereby give my permission to release all pertinent information to Partners.

Signature

Date

Your name has been submitted to Partners as a reference for the above named volunteer applicant. Partners is a non-profit organization that promotes positive development in youth (referred to as the Junior Partner) who may face certain risk factors. Partners supports the youth in a one-to-one relationship with an adult volunteer (referred to as the Senior Partner). These youngsters have sometimes been in trouble with the law and/or are experiencing problems at home, at school, or with peers; many are victims of abuse or neglect. We require volunteers to spend at least three hours per week for a minimum of one year with the Junior Partner, working toward personal excellence.

We request that you answer the questions below and share any comments/opinions/thoughts you have about the applicant to assist us in determining the applicant's suitability to become a Senior Partner.

1. What is your relationship to and how long have you known the above named applicant?

2. What strengths does this applicant have that might relate to working with a troubled youth?

3. What problems might this applicant have in working with a troubled youth?

4. Explain how this person copes with stressful situations.

5. Explain how this person adapts to differences among people.

6. How has this applicant demonstrated commitment? _____

7. Comment on the stability and dependability of this person. _____

8. What kind of Junior Partner do you see this person working with best? _____

9. Are you aware of any (please circle your response):

* Criminal Convictions of this applicant ?	YES	NO
* Allegations of child abuse or molestation?	YES	NO
* Any other offenses?	YES	NO

Comments: _____

10. Please describe the applicant's current level of drug/alcohol use.

11. Do you feel that this person can fulfill the one year commitment to the Junior Partner? **YES** **NO**

12. Does this applicant participate in other community activities or hobbies? Please describe.

Additional Comments: _____

Signature: _____ Date: _____
Address: _____
Phone Number: _____

Please return this form as soon as possible.

Thank you for taking the time to fill out this reference letter.

For references taken by Phone:

Date of the call: _____

Staff signature: _____