



Applicant Reference Form
Confidential

In reference to: _____
Applicant's Name

Please answer each question to the best of your ability. Feel free to use additional sheets of paper for elaboration on any of the questions. Return this reference form to Chaffee County Mentors.
Thank you for your time.

1. How long have you been acquainted with the applicant? _____

In what capacity? _____

2. How does the applicant relate to people in general? _____

3. How does the applicant relate to children and young people? _____

3. Please give background information useful for us as we evaluate this person's ability to mentor. Please give both positive and constructive comments. _____

4. Service with Chaffee County Mentors involves a commitment of meeting with their match 3 times per month for one year. Do you feel this person would take this commitment seriously? Why or why not? _____

Is the applicant usually on time for appointments / events? _____

5. What qualities can this person offer a child? _____

_____ (over)

6. Do you feel this person generally exercises good judgment in making decisions? Please feel free to make either positive or constructive comments. _____

7. Please comment on this person's ability to listen / empathize: _____

8. To your knowledge, has this person ever been charged or convicted of a crime? _____
If yes, please explain: _____

9. To your knowledge, has mental health and / or substance abuse ever been an issue for the applicant? _____ If yes, please explain. _____

10. To your knowledge, has this person ever been arrested or questioned about child abuse or molestation? _____ If yes, please explain _____

11. To your knowledge, does this person have a good driving record? _____
If no, please explain: _____

12. Would you feel comfortable allowing the applicant to spend time alone with your child? ____
Please explain: _____

13. Please describe any other concerns you may have about this person serving as a mentor with Chaffee County Mentors Program: _____

14. May we contact you by phone to follow up on this reference form? _____

Name (please print)

Signature

Date

Phone

E-mail

Mailing Address

City, State, Zip Code

Chaffee County Mentors Program
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(719)530-2581 Salida (Mentors) (719)530-2580 (Mentors Plus)
