



Volunteer Mentor Personal Reference Form

Please answer the following questions to the best of your knowledge. Be assured that your answers are confidential. Thank you.

Instructions:

1. Save the PDF document to your computer with Mentor's Last Name_First Name_PRF_Your Name
2. Complete the application.
3. Save the application with the information you have entered.
4. Email the PDF to mramos@cp-cto.org

Volunteer Mentor Name: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please describe applicant's capacity for friendship:

Please describe applicant's temperament:

Please describe applicant's approach to responsibilities:

Please describe applicant's personality:

Please describe applicant's demeanor with children:

Would you consider placing your child or other family member in the care of the applicant? Explain:

Are you aware of any reason this applicant may not be appropriate to serve as a volunteer mentor to a young person? Explain:

Does this applicant abuse alcohol or other drugs? Yes No Unknown

Are you aware of any problem the applicant may have with alcohol or drugs, now or in the past?

Yes No Unknown

Name of Reference

Phone # of Reference

Date of Reference