



155 WYN Way • Boone, NC 28607
(828) 264-5174 • Fax (828) 264-0838
westernyouthnetwork.org

MENTOR REFERENCE LETTER

Dear \_\_\_\_\_,

\_\_\_\_\_ has applied to become a volunteer with the Watauga Youth Network's Mentoring Program, and has listed you as a reference. As a volunteer, the applicant would be working on a one-on-one basis with a 7 to 17 year old young person who has been referred to our program from either juvenile court or a youth serving agency. All of the youth referred are in need of a caring adult in their lives to serve as friends and mature role models. The applicant would meet with the young person for a minimum of four hours a week for a year in order to build a strong friendship. Qualities of caring, consistency and understanding are important in all of our volunteers.

Please answer the following questions as completely and as honestly as possible. All information will be considered confidential. If you have any questions, please feel free to call the office at (828)264-5174.

Thank you for your help.

Sincerely, \_\_\_\_\_ Date \_\_\_\_\_

1. How long have you known the Applicant?

\_\_\_\_\_

2. In what capacity have you known the Applicant?

\_\_\_\_\_

3. How well do you know the Applicant?

\_\_\_ Very Well \_\_\_ Well \_\_\_ Average \_\_\_ Little \_\_\_ Very Little

4. Applicant's capacity for friendship: (check as many as are applicable)

\_\_\_ Sincere \_\_\_ Cool \_\_\_ Warm \_\_\_ Shallow \_\_\_ Loyal \_\_\_ Shy \_\_\_ Unknown

5. How would you rate the Applicant's friendships?

\_\_\_ Many Friends \_\_\_ Constantly Changing \_\_\_ Average \_\_\_ Unknown

6. How would you rate the Applicant's health?

\_\_\_ Above Average \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Unknown

7. Check as many of the following that describes the Applicant:

\_\_\_ Domineering \_\_\_ Cooperative \_\_\_ Opinionated \_\_\_ Temperamental \_\_\_ Happy
\_\_\_ Follower \_\_\_ Reserved \_\_\_ Nervous \_\_\_ Leader \_\_\_ Lacks Confidence
\_\_\_ Aggressive \_\_\_ Confident \_\_\_ Well Adjusted \_\_\_ Friendly \_\_\_ Unhappy

8. Which reflects your opinion of this Applicant on the following items (5 is highest):

Personal Appearance	5 4 3 2 1	Flexibility	5 4 3 2 1
Good Judgement	5 4 3 2 1	Stability	5 4 3 2 1
Understanding of Children	5 4 3 2 1	Warmth	5 4 3 2 1
Responsibility	5 4 3 2 1	Sympathetic	5 4 3 2 1
Leadership	5 4 3 2 1	Patience	5 4 3 2 1
Maturity	5 4 3 2 1	Sincerity	5 4 3 2 1

9. Do you believe this Applicant would act as a positive, stable role model for a young person?

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10. Do you know any reason why the Applicant would not serve well as a volunteer?

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11. Does this Applicant have or has she/he ever had a drinking or drug usage problem?

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12. Would you consider placing the responsibility of your child with this person? \_\_\_\_\_

Why or why not? \_\_\_\_\_

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13. To the best of your knowledge, does this Applicant have any history of child molesting?

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14. Describe the Applicant's strong points in working in a one-on-one relationship with a child.

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If you have any additional information that you feel would be helpful to us, please attach additional pages. If you would like to discuss any information, our phone number is 828/264/5174. Thank you for your assistance. Please remember to sign and date this reference below before returning it in the envelope provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_