



**REFERENCE LETTER**

Dear \_\_\_\_\_:

\_\_\_\_\_ has applied to become a volunteer with WYN's Mentoring Program and has listed you as a reference. As a volunteer, the applicant would be working directly with a youth 6 to 17 year old on a one-on-one basis 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 youth for a minimum of two 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 cooperation.

Sincerely,

\_\_\_\_\_ Date \_\_\_\_\_  
 WYN's Mentoring Program Director/Coordinator

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 as describes the Applicant:  
 Domineering\_\_\_\_\_ Cooperative\_\_\_\_\_ Opinionated\_\_\_\_\_  
 Happy\_\_\_\_\_ Temperamental\_\_\_\_\_ Leader\_\_\_\_\_  
 Nervous\_\_\_\_\_ Lacks Confidence\_\_\_\_\_ Follower\_\_\_\_\_  
 Reserved\_\_\_\_\_ Aggressive\_\_\_\_\_ Confident\_\_\_\_\_  
 Friendly\_\_\_\_\_ Well-Adjusted\_\_\_\_\_ Unhappy\_\_\_\_\_

8. Please circle the number in the scale ranging from the highest (5) to the lowest (1) which reflects your opinion of this Applicant on the following items:

Personal Appearance	5 4 3 2 1	Flexibility	5 4 3 2 1
Good Judgment	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  
Leadership  
Maturity

5 4 3 2 1  
5 4 3 2 1  
5 4 3 2 1

Sympathetic 5 4 3 2 1  
Patience 5 4 3 2 1  
Sincerity 5 4 3 2 1

9. Can you tell me about a time when you observed him/her around a child or children?

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10. What were your impressions or feelings about that interaction?

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

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

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

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13. Would you consider placing the responsibility of your child with this person? Why or why not?

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14. Have you visited the applicant in his/her home? If so, is it a safe and suitable place for a child?

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

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18. Please describe the type of child you envision the applicant being matched with.

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Would you like to know more about how you can become involved with WYN's Mentoring Program? If so, please note how you would like to learn about the many rewarding ways you can be a part of our organization.

Yes By Mail – Address: \_\_\_\_\_

By Phone: \_\_\_\_\_

NO

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 to the Program Director.**

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