



AFCMentors: One-to-One Mentor Application

VII. Mentor Reference

To the Reference:
 As a reference for a potential mentor, we would appreciate your candid opinions to help assist us in evaluating this individual. Please note that we cannot guarantee confidentiality. If there is something you would rather not write, or if you have any questions or concerns please contact us with further details at our phone number or e-mail at the bottom of this page.

Please fax, mail, or e-mail this reference form to our contact information at the bottom of this page, care of:

c/o Mentor Program Coordinator

Potential Mentor Name

Name of Reference

Address of Reference (Street)

City, State, Zip

Daytime telephone number of reference

E-mail address of reference

This person is applying to be a mentor. Mentors do activities with children and serve as positive role models, and friends. Mentors must commit to at least one year of mentoring, meeting 8 hours a month.

*****Please write *several paragraphs* discussing why you believe the applicant would be a great mentor. Please also address each of the following, according to your opinion: Will this person be able to commit to meeting every two weeks for a year? How on-time does this person tend to be? Would you trust this person with your children/children who are important to you? Is this person empathetic? fun-loving? emotionally strong? good role model? Have you ever been concerned about this person's drug or alcohol use?

The information provided above is true, to the best of my knowledge.

Signature: _____ Date: _____

May we contact you with further questions about this applicant? No Yes *if so, how?* Phone E-mail

Would you like to be on our mailing list? Yes No