



Youth and Family Services Division Volunteer and Intern Personal Reference



For _____
Volunteer Applicant's Name

As required by Chapter 85-54, Chapter 110-501/505, and Children & Families 60-54, Laws of Florida, reference checks must be completed for the above applicant.

Your name has been given as a personal reference for the above named applicant who is applying for a volunteer and/or intern position with clients of the Orange County Youth and Family Services Division. We would appreciate your comments on the following questions:

1. **How long have you known the volunteer applicant?**
2. **In what capacity have you known him/her?**
3. **Please answer yes or no to the following:**

- _____ I expect the applicant will be reliable and dependable.
- _____ I expect the applicant will be a positive role model for vulnerable youth.
- _____ I expect the applicant will communicate effectively with support staff and managers.
- _____ I expect the applicant will adhere to procedures and regulations within the program.
- _____ I have reservations about recommending the applicant for volunteer/intern service.

4. **What would you describe as the primary positive skills or traits of the applicant?**

5. **Please add any additional comments concerning the applicant for our consideration:**

Signature of Person providing reference

Date

Name: _____

Phone: _____

Address: _____

Return to:

*Youth and Family Services Division, Community Relations,
1718 E. Michigan Street, Orlando, FL 32806
Phone: 407-836-8938 * Fax: 407-836-8929*

Office Use Only

Reference Verified: By: _____

Date: _____

Note: _____