



# MENTOR REFERENCE FORM

The student listed on this form is applying to be a mentor to a middle school student. Our program is a commitment of one entire school year. The mentors will be supporting younger students and providing them with life skills training. We request your candid opinion, based on your knowledge of this student.

## PERSONAL INFORMATION

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Your Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## PREVIOUS EXPERIENCE WITH APPLICANT

Relationship to Student:  Teacher       Counselor       Family-Friend  
 Relative       Clergy       Other \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Do you see this student as a positive role model for younger students? If so, why?

\_\_\_\_\_  
\_\_\_\_\_

What do you see as this student's areas of weakness?

\_\_\_\_\_  
\_\_\_\_\_

How would you rate this student's ability to make and keep commitments?

\_\_\_\_\_  
\_\_\_\_\_

How would you describe this student's character?

\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:  
**Brittan Crum, FNL Mentoring Coordinator**  
**P.O. Box 760 Angels Camp, CA 95221**  
**(209) 736-6078 fax- (209) 736-2138**

### THE MISSION:

FNL Mentoring provides opportunities for young people to be in ongoing, mutually beneficial, caring relationships that strengthen a young person's resiliency to the challenges they face in life.