

Mentor Reference Form

Your Name: _____

Title: _____

Mentor's Name (Person being considered for our mentoring program):

What is your relationship to this person?

How long have you known this person?

Rate the applicant in the following areas: (1 being lowest, 5 being highest)

| | | | | | |
|-------------------------|---|---|---|---|---|
| Devotion to Christ | 1 | 2 | 3 | 4 | 5 |
| Dependability | 1 | 2 | 3 | 4 | 5 |
| Trustworthiness | 1 | 2 | 3 | 4 | 5 |
| Teachable | 1 | 2 | 3 | 4 | 5 |
| Responsive to direction | 1 | 2 | 3 | 4 | 5 |
| Leadership ability | 1 | 2 | 3 | 4 | 5 |

Do you believe this person would be a good mentor to at-risk youth? Why?

What skills or gifts does this person possess that would make her/him a valuable addition to our mentoring team?

Is there anything else we need to know about this person?