



**Project
READS**
ALLEN COUNTY
EDUCATION
PARTNERSHIP

Reference Form for Applicants Under 18 years of age

Thank you for your time in filling out this reference form. The applicant is applying to be a volunteer with our Project READS program. Project READS is an after-school tutoring program for students in first through third grade who are reading below grade level. We place a high value on the safety and security of our students. Therefore, we need to obtain a reliable reference on each applicant.

Applicant's Name _____

Your Name _____

Relationship to Applicant _____ How long have you known him/her? _____

Do you believe that this applicant has the necessary skills to work with children (example: patience, kindness, maturity, etc)?

Please share your knowledge of the applicant's character?

Do you have knowledge of the applicant's literacy skills? If yes, please explain. _____

Do you believe there are any reasons why we should NOT accept this applicant as a volunteer?

Please check the appropriate statement:

_____ Yes, I highly recommend this applicant

_____ Yes, I recommend with reservations

_____ No, I do NOT recommend this applicant

Signature _____

Phone _____

Date _____

Please mail or fax this form ASAP to:

**Allen County Education Partnership
ATTN: Project READS
709 Clay St., Suite 101
Fort Wayne, IN 46802**

FAX: 260.426.8989 (no cover needed)