



## Reference Form for Applicants Under 18 Years of Age

Thank you for taking the time to complete this reference form. This applicant is pursuing a volunteer tutor position with Project READS, which assists students in grades K-3 striving to reach grade-level reading goals. We place a high value on the safety and security of our students and volunteers. Therefore, we need to obtain a reliable reference on each applicant. **NOTE: This reference form needs to be completed by an adult who is NOT related to the applicant.**

**Also: Parent/Guardian must sign in the lower left box giving consent for his/her child to volunteer.**

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 recommend this applicant.

\_\_\_\_\_ No, I do NOT recommend this applicant.

Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

### PARENTAL CONSENT

By signing this form, the parent/guardian agrees to allow his/her child to participate as a volunteer for Project READS.

Volunteer's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please mail or fax this form ASAP to:

**Project READS**  
1005 W. Rudisill Blvd., Suite 308  
Fort Wayne, IN 46807

**FAX: 260.426.8989**  
(no cover needed)

**Questions? Please contact us:**

Phone: 260.423.6447  
[www.abouteducation.org](http://www.abouteducation.org)