



# KIDS HOPE USA personal reference form

To be completed and returned by mail OR through telephone interview.  
**CONFIDENTIAL!**

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## PART ONE: TO BE COMPLETED BY APPLICANT

Name of Applicant \_\_\_\_\_ Name of Reference \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

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## PART TWO: TO BE COMPLETED BY KIDS HOPE USA DIRECTOR

Name \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**Reminder:** Attach to this form a description of the mentor job description.

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## PART THREE: TO BE COMPLETED BY REFERENCE

Instructions: The applicant listed above has applied to be a KIDS HOPE USA mentor for our church. In order to determine the applicant's suitability for this position, we are asking that you take a few moments to complete and return this reference form to the KIDS HOPE USA DIRECTOR listed above. Please use an envelope marked "Personal and Confidential." Your cooperation is greatly appreciated.

1. In what capacity do you know the applicant? \_\_\_\_\_

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2. How long have you known the applicant? \_\_\_\_\_

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3. On a scale of 1 to 5 (with 1 being a LOW rating and 5 being a HIGH rating), please rate the applicant on each of the following characteristics. If you have insufficient knowledge to comment on a particular characteristic, please note that.

CHARACTERISTICS	RATING					COMMENTS
Ability to work well with others	1	2	3	4	5	
Personal motivation and initiative	1	2	3	4	5	
Dependability	1	2	3	4	5	
Trustworthiness	1	2	3	4	5	
Attitude	1	2	3	4	5	
Personal follow-through	1	2	3	4	5	

4. Based on your knowledge of the applicant's character and background, which of the following best reflects your evaluation of the applicant's suitability as a KIDS HOPE USA mentor:

- Highly recommend
- Recommend
- Neutral
- Do not recommend
- Insufficient knowledge to form an opinion

Please provide any additional comments concerning the suitability of this applicant for a position in our ministry below or on a separate sheet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name and title \_\_\_\_\_

**Once completed, please return this form to the KIDS HOPE USA DIRECTOR** noted in Part Two on the front of this form. Please use an envelope marked Personal and Confidential. Thank you for your assistance.

**FOR OFFICE USE ONLY – Interviewer Comments:**