

**OUTAGAMIE COUNTY MENTORING PROGRAM  
PERSONAL REFERENCE QUESTIONNAIRE**

**OUTAGAMIE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF YOUTH AND FAMILY SERVICES**

**500 W. FIFTH STREET**

**APPLETON, WI 54911**

**PHONE (920) 832-5961**

**EMAIL: [hhsmentors@outagamie.org](mailto:hhsmentors@outagamie.org)**

**WEBSITE: [www.hhsvolunteers.org](http://www.hhsvolunteers.org)**

**The individual listed below has expressed an interest in becoming a volunteer with our program. Your name was given as a personal reference to help us make an informed decision regarding the suitability of the named individual to become a volunteer mentor. \*Please answer the following questions as best as you can and return to *The Outagamie County Mentoring Program*. Your responses will not be shared with the applicant. Thank you for your time and honesty.**

**Mentors spend two or more hours per week with a youth ages 6-17, who is involved in the Child Welfare or Juvenile Justice System. Mentors help to foster the development of character, competence, and self-esteem by building a trusting relationship. Mentors are a positive role model introducing new experiences, places, people, and ideas. As a resource to youth, mentors create new opportunities for growth.**

**Letter of reference'ht:**

**How long have you known the above listed person and in what capacity?**

**Describe this person's motivation and commitment level.**

**Please describe this person's ability to accept individual differences, beliefs or values that are not consistent with their own?**

**Do you feel this person could relate positively to youth and have flexibility, patience and consistency in regard to dealing with youth?**

**Would you have any reservations about this person spending time alone with a young person? If yes, please explain.**

Would you recommend this person as a volunteer or mentor? \_\_\_\_yes \_\_\_\_no  
If no, please explain.

Please list 5 characteristics to describe the above listed individual:

Please share your opinion of the applicant by completing the following rating scale:

**5=EXCELLENT 4=GOOD 3=AVERAGE 2=FAIR 1=POOR 0=DON'T KNOW**

Ability to accept responsibility	5	4	3	2	1	0
Degree of stability in applicant's family	5	4	3	2	1	0
Applicant's maturity level	5	4	3	2	1	0
Ability to communicate with adults	5	4	3	2	1	0
Ability to relate to children	5	4	3	2	1	0
Personal ethics	5	4	3	2	1	0
General physical health	5	4	3	2	1	0
General emotional health	5	4	3	2	1	0

**I have completed this personal reference form to the best of my knowledge. I understand the information provided will only be used by the mentoring program and will remain strictly confidential.**

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

*Please return to The Outagamie County Mentoring Program:*

Mailing Address  
500 W. Fifth St.  
Appleton WI 54911

Fax  
920-832-5401

Email

**\*If you are unable to complete this questionnaire, please sign and return with brief explanation.**

\_\_\_\_\_ *Yes, please send me information about the Outagamie County Mentoring Program and how to become a youth mentor.*