



San Luis Obispo County YMCA
LEADERSHIP DEVELOPMENT PROGRAM REFERENCE 1

Applicant: Please have this form completed and signed by a reference.

Email completed forms to: jacosta@sloymca.org or hhively@sloymca.org

Student Name: _____

In what capacity do you know the student? _____

Please rate the student on the following:

	Strongly Agree	Agree	Somewhat Agree	Disagree
Positive attitude				
Would be a positive mentor for youth				
Organized & timely				
Shows awareness of rules & safety				
Willing to learn new skills				
Enjoys spending quality time with children				

Strengths not previously mentioned: _____

Weaknesses important to know to help us with the supervision and mentoring of this student _____

Reference Name: _____ Signature: _____

Position: _____ Date: _____

Phone: _____ Email: _____

May we contact you? Yes No



San Luis Obispo County YMCA
LEADERSHIP DEVELOPMENT PROGRAM REFERENCE 2

Applicant: Please have this form completed and signed by a reference.

Email completed forms to: jacosta@sloymca.org or hhively@sloymca.org

Student Name: _____

In what capacity do you know the student? _____

Please rate the student on the following:

	Strongly Agree	Agree	Somewhat Agree	Disagree
Positive attitude				
Would be a positive mentor for youth				
Organized & timely				
Shows awareness of rules & safety				
Willing to learn new skills				
Enjoys spending quality time with children				

Strengths not previously mentioned: _____

Weaknesses important to know to help us with the supervision and mentoring of this student _____

Reference Name: _____ Signature: _____

Position: _____ Date: _____

Phone: _____ Email: _____

May we contact you? Yes No