



**Ohio Northern University
Ada Friends Program**

ONU English Chapel
Ada, Ohio 45810
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**Personal Reference Form
(Employer)**

Revised August 2009

Ada Friends Applicant _____

Please carefully answer the following questions honestly and to the best of your knowledge. If the applicant is applying only to work with children, disregard all italicized questions or phrases. Please return this form to our office as soon as possible. **The applicant cannot be paired until we receive this form.** Thank you.

1. What is your relationship to the applicant? _____
2. How long have you known the applicant? _____
3. How well would you say you know the applicant? _____

4. How much contact do you have with the applicant? _____

5. How would you describe the applicant's role he/she has played or plays in the workplace? _____

6. Have you ever been in the applicant's home/apartment? _____
7. Did you find anything that would be inappropriate for a child? Yes or No
If yes please explain: _____

8. What is your opinion of the applicant's ability to be a positive role model for a child?

9. How would you describe the applicant's emotional maturity and stability?

10. How would you describe the applicant's dependability and reliability?

11. Would you have any concerns with the applicant participating in a one-on-one mentoring program with a child?

12. To your knowledge does the applicant have any form of criminal record?

FOR THE FOLLOWING QUESTIONS PLEASE CHECK ALL THAT APPLY.

13. Please describe the applicant's temperament:
 Quick-tempered Varies Stable Easily Upset
 Sensitive Carefree Often Depressed
14. Please describe the applicant's top 5 qualities:
 Sincere Loyal Stubborn Nervous Friendly
 Leader Happy Confident Dependable Impatient
 Ambitious Domineering Opinionated Temperamental
 Well-Adjusted Cooperative
15. How well does the applicant adjust to changing situations?
 Very Well Average Fairly Well Poorly
16. To what extent is the applicant aware of his/her own shortcomings?
 Believes they have none Ignores them
 Adjusts for them Realizes them without adjustment
17. How well does the applicant assume responsibility?
 Excellent Good Average Fair Poor
18. To what extent does the applicant follow through on projects?
 Means well but seldom follows through Sometimes
 Usually Always
19. Describe the applicant's drinking habits:
 Average Social Frequent
 Heavy Problem Does not drink
20. To your knowledge, has the applicant ever used illicit drugs:
 Cocaine Pills Marijuana Other

21. Do you know of any reason that the applicant would not serve well as a mentor to children?

Signature

Phone Number

Date

Please feel free to expand on any of the above answers or add any additional comments, below or on additional pages if necessary. If you have any questions about the program or the reference form, or if you would rather speak personally with a staff member, please contact our office.

Thank you,
Katie Feldhues and Allyssa Smithers