

## -CONFIDENTIAL-

To be completed + returned by mail OR through telephone interview

PART	1: TO	BE	COMPL	.ETED	BY	APPL	ICANT.
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TART I. TO BE COMILECTED BY ALL	LICANI						
Name of Applicant							
Address							
City State	Zip		City			State	Zip
Telephone		Telephone					
PART 2: AFFINITY MENTORING PRO Laura Ward Affinity Mentoring 3501 Fairlanes Ave SW Grandville, MI 49418 616.406.3987	GRAM DIREC	TOR CON	TACT INF	FO			
PART 3: TO BE COMPLETED BY REFE Instructions: The applicant listed abo to determine the applicant's suitabili return this reference form to the Affi and Confidential". Your cooperation is	ve has applie ty for this pos nity Mentorin	sition, we g Directo	are askir	ng that yo	u take a fe	w moments to	o complete and
1. In what capacity do you know the a	pplicant?						
2. How long have you known the appl	icant?						
3. On a scale of 1 to 5 [with 1 being a of the following characteristics. If you please note that.							
CHARACTERISTICS RATING 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		

Affinity Mentoring 616.406.3987 affinitymentoring.org info@affinitymentoring.org AM49.0





Print name and title	
Signature	Date
Please provide any additional comments concerning the suitable below or on a separate sheet.	ity of this applicant for a position in our program
Insufficient knowledge to form an opinion	
Do not recommend	
Neutral	
Recommend	
Highly recommend	
4. Based on your knowledge of the applicant's character and ba your evaluation of the applicant's suitability as a mentor:	ckground, which of the following best reflects

Once completed, please return this form to the Affinity Mentoring Director noted in Part 2 on the front of this form. Please use an envelope marked *Personal and Confidential*. Thank you for your assistance.

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