



An Organization for the Development of Youth

Established in 1995

REFERENCE LETTER

Date: _____

Applicant Name: _____

Position: _____

Dear: _____ (Phone # _____),

Please provide your comments on the above-referenced applicant's appropriateness to work with a non-profit organization that deals with young people and their families. Please return this form to the above address or fax.

Sincerely,
Salisa Berrien, President

Your relationship to applicant: _____

How long have you known the applicant? _____

Would this person be an appropriate role-model for youth/families who are experiencing problems with delinquency, abuse, neglect, emotional difficulties or drug/alcohol problems? _____

Why or why not? _____

**3140B Tilghman Street #309
Allentown, PA 18104
Phone: 610-336-4393 Fax: 610-336-4394**



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Would you trust this person to care for your own children or children you care about?_____

Why or why not?_____

General Comments (use additional paper if necessary)

Respondent's Signature_____Date:_____

Title:_____

I authorize the STRIVE Program to contact my reference(s) and others regarding my appropriateness for volunteer work. I understand that any response is confidential and cannot be released to me without the written consent of the respondent.

Applicant's Signature:_____Date:_____