

# The Mentoring Network

A rural school-based program serving southwestern Idaho

P.O. Box 9412  
Nampa, Idaho 83652  
208.459.2844  
[www.MentoringNetworkID.org](http://www.MentoringNetworkID.org)

## MENTOR REFERENCE

Applicant Name: \_\_\_\_\_ Name of Reference: \_\_\_\_\_

The above-named person is applying to be a volunteer with The Mentoring Network and has given your name as a reference. He/She will be spending time with a child between the ages of 6 and 13. After initial training, mentors will be matched with students and meet weekly for one hour to foster the development of social and academic skills. The weekly mentoring sessions will take place on school grounds either during school hours or school-sponsored activities. Mentors will attend meetings during the year to learn new skills and share ideas with other mentors. The structured program will end with the school year. With the opportunity to participate in a 2-day day camp in the summer.

We would appreciate your answers to the following questions regarding this individual and any additional information that you feel may indicate his or her ability to meet the needs of a young person. This information will be kept confidential. Please send this form directly to our office.

How long have you known the applicant?

How are you acquainted with the applicant?

Do you consider him/her to be a reliable and responsible person who is able to relate positively to a child? Please explain:

What strengths do you feel the applicant has that would make him/her an effective mentor?

Additional comments - please add a separate file if needed.