

Project 412

YMCA TEEN LEADER CLUB

REFERENCE

TO BE FILLED OUT BY AN ADULT, 21 YEARS OF AGE OR OLDER, THAT IS A NON-FAMILY MEMBER.

APPLICANT'S NAME: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST. _____ ZIP: _____

RELATIONSHIP TO APPLICANT: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

DESCRIBE THE APPLICANT IN 25-50 WORDS: _____

WOULD YOU RECOMMEND THE APPLICANT FOR THE YMCA TEEN LEADERSHIP PROGRAM? _____

REFERENCE SIGNATURE: _____ DATE: _____