



COMMUNITY CONNECTIONS YOUTH MENTORING PROGRAM

Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Any information Community Connections Youth Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Relationship: _____ How long known: _____