



**Building Bridges Mentoring Program
Washington County Youth Bureau**

County Municipal Center
383 Broadway
Fort Edward, New York 12828

Program Coordinator: Tammy Jursza
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Michael J. Gray
Director

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Fax (518) 746-2331

Susan Mowrey
Assistant Director

**MENTOR REFERENCES AND VERIFICATION
OF INFORMATION ON APPLICATION**

Please list 5 (five) people who have known you for at least one year.

The character reference breakdown should be as follows:

- a. At least 2 (two) references must be work-related (Current employer/supervisor, if possible – volunteer work may be included)
- b. The other 3 (three) references may be personal references. Of these three, 1 (one) may be from a relative. (Examples of personal references are : co-workers, friends, clergy, etc.)

Please give **complete addresses and phone numbers**. References will be contacted by phone and/or mail. All information will remain strictly confidential.

Please return this form within 10 (ten) days of receipt. If it is not returned, we will assume you are no longer interested in participating in the Building Bridges Mentoring Program.

Washington County provides equal program and employment opportunities. No person shall be denied participation on the basis of any legally prohibited discrimination involving, but not limited to, such factors as race, color, creed, religion, national or ethnic origin, sex, sexual orientation, age or qualified disability.

1. (Underline) PROFESSIONAL or PERSONAL

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Nature and length of relationship: _____

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2. (Underline) PROFESSIONAL or PERSONAL

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Nature and length of relationship: _____

3. (Underline) PROFESSIONAL or PERSONAL

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Nature and length of relationship: _____

4. (Underline) PROFESSIONAL or PERSONAL

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Nature and length of relationship: _____

5. (Underline) PROFESSIONAL or PERSONAL

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Nature and length of relationship: _____

AFFIRMATION:

BY SIGNING BELOW, I VERIFY THE INFORMATION STATED IN THIS REQUEST FOR REFERENCES/APPLICATION FORM TO BE TRUE TO THE BEST OF MY KNOWLEDGE. I GRANT PERMISSION TO CONTACT THE REFERENCES PROVIDED.

PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____