

# YOUTH RECOMMENDATION FORM

Saint Ambrose Documentation for Minor Volunteers

The following recommendation should be completed by an individual in a **supervisory role**, such as a principal, teacher, coach, scout leader, etc. The person completing this form may **not** be a relative.

\_\_\_\_\_  
Name of Youth Volunteer

\_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YR)  
Birthdate of Youth Volunteer

\_\_\_\_\_  
Name of Reference

\_\_\_\_\_  
Supervisory Role

\_\_\_\_\_  
Length of Acquaintance

\_\_\_\_\_  
Address of Reference

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Phone Number of Reference

\_\_\_\_\_  
Email Address of Reference

- Please comment on qualities you feel this individual has that would make them a good volunteer at Saint Ambrose:
- Please comment on the commitment to completing activities and dedication level of this individual:
- Based on your experience, do you feel this individual would be appropriate to work with children younger than they are? Why or why not:



\_\_\_\_\_  
Signature of Reference

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date