



Date: \_\_\_\_\_

# Somerset County Library System of New Jersey Teen Volunteer Reference Form

Applicant's Name: \_\_\_\_\_  
(First) (Last)

**Thank you for taking the time to fill out this form for our volunteer applicant.**  
*(References should not be completed by a relative or anyone under 18 years old)*

**Reference Provider Information:**

Name \_\_\_\_\_  
(First) (Last)

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have known this teen for (Period of time in days, months, or years): \_\_\_\_\_

I know this teen through (Name of school, church, neighborhood, etc.): \_\_\_\_\_

**Please circle your response to each statement:**

- **The teen is responsible. He/she is able to make commitments and keep them.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

- **The teen shows tolerance and patience.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

- **The teen is suitable to work with children.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

- **The teen exhibits a high maturity level for his/her age.**

Strongly Agree      Agree      Don't Know      Disagree      Strongly Disagree

**Optional / Additional Comments :**

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