

**REFERENCES**

**International students** must have already lived in the Prince George area for 6 months to be considered as volunteer with BBBS PG, and will continue to live here for a minimum of one year.

A total of 5 references is the minimum amount needed. Please contact the agency if you cannot make the minimum amount 250-563-7410.

**1.) Character Reference** (May NOT be a family member, and they have known you for a min. of 2 years).

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
In what capacity do you know this person? \_\_\_\_\_

**2.) Character Reference** (May NOT be a family member, and they have known you for a min. of 2 years).

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
In what capacity do you know this person? \_\_\_\_\_

**3.) Professor/Academic Advisor Reference** (May NOT be a family member, and they have known you for a min. of 1 year).

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
In what capacity do you know this person? \_\_\_\_\_

**4.) Professor/Academic Advisor Reference** (May NOT be a family member, and they have known you for a min. of 1 year).

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
**In what capacity do you know this person?** \_\_\_\_\_

**References Continued on the back of this paper.**



**REFERENCES (continued)**

**5.) Canadian Employer/Volunteer Experience Reference (May NOT be a family member)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**In what capacity do you know this person?** \_\_\_\_\_

**6.) Family/Friend Reference (must speak and comprehend English)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

Note: The agency reserves the right to ask for additional references. All references are guaranteed confidentiality, therefore their comments cannot be shared with the applicant, or if matched, the parent of the child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Mentoring Coordinators Initials \_\_\_\_\_

