

Reference – Mayor’s Youth Corps

Applicant Name: _____

Reference Name and Title: _____

Reference Email Address: _____

Reference Preferred Phone: _____

Organization/Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long have you known the applicant? _____

In what capacity? _____

What would you consider to be the applicant’s strengths? _____

What would you consider to be the applicant’s weaknesses? _____

Please rank the applicant on the following qualities with 5 being highly qualified and 1 being unqualified.

Quality	1	2	3	4	5	NA
Consistently Reliable						
Takes the initiative						
Shows strong leadership skills						
Has good time management skills/meets deadlines						
Ability to express themselves						
Confident in working with a variety of people						
Goes above and beyond						
Would be a good choice for the Mayor’s Youth Corps						

(You may attach another sheet of paper should you need additional space for comments.)

Thank you for filling out this recommendation form.

Please scan and email your recommendation as a PDF to molly.biebel@tampa.gov,

or you may mail it to:

Mayor’s Youth Corps Coordinator,

3402 West Columbus Drive - 250D Tampa, FL 33607.

REFERENCES MUST BE RECEIVED BY OCTOBER 23, 2024