

REFERENCE FORM

TO THE APPLICANT:

Please fill out the lines below and give this form to each of your references. Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send to AmeriCorps.

Applicant's Name: _____

Address: _____ Phone: _____

INDICATE THE PROGRAM THAT YOU ARE APPLYING TO: (check only one)

AmeriCorps* STATE/Summer Term of Service (Quarter Time Ed Award)

AmeriCorps* STATE/Full Term of Service (Part or Full Time Ed Award)

AmeriCorps* VISTA – Volunteers in Service to America

TO THE PERSONAL REFERENCE:



Keystone SMILES Community Learning Center serves as a hub for AmeriCorps, a National Service program that engages people of all ages and backgrounds in a domestic Peace Corps. The center is a non-profit organization established in 1995. Keystone SMILES is based out of Knox, Pennsylvania. Keystone SMILES is governed by a eight-member board of directors, who together with staff members provide community service and personal development opportunities for people of all ages.

Keystone SMILES is dedicated to strengthening communities and sharing resources to provide people of all ages an opportunity to put "learning into action" through service experiences. It represents making a difference while promoting the values of community, responsibility, and opportunity.

Programs and services offered through the Keystone SMILES Community Learning Center include:

- Tutoring programs
- School Readiness & Success Activities
- Literacy Support
- Community Events/Special Projects



AmeriCorps engages more than 40,000 citizens in a year of full-time, results-driven service sponsored by hundreds of local and national non-profits. In return, AmeriCorps members earn education awards that help pay for college or pay back student loans. AmeriCorps members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs.

The person named above is applying to be an AmeriCorps member. The applicant has indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation. The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference: _____
Last First Middle

Position / Title: _____ Organization / Institution: _____

Address: _____
(If PO Box, also give street address) City State Zip Code

Home Phone: (_____) _____ Work Phone: (_____) _____

In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, during activities, or in a position of responsibility? Please check one.

- Outstanding performance
- Above average performance
- Satisfactory
- Below average performance
- Non-satisfactory performance

RELATIONSHIPS WITH OTHER PEOPLE

AmeriCorps members are required to understand other people's viewpoints and problems and to communicate with people from differing backgrounds. Please comment briefly on the applicant's relationships with others.

AmeriCorps members must serve with other participants and with people of varied cultural, economic, educational, racial, and religious backgrounds. How would you rate the applicant's working relationships with other people? Please check one.

- Works well with others; can lead or follow as the occasion demands.
- Usually works well with others; can lead or follow in most situations.
- Has an average working relationship with others.
- Had difficulty working with others.
- Does not work well with others.

EMOTIONAL MATURITY

Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

**** Keystone SMILES would like to take this opportunity to THANK YOU for taking time to fill out this reference. Your completed reference can either be sent by the applicant in his/or application in a sealed envelope with your signature over the seal or sent directly to the following address. Keystone SMILES P.O. Box 352; Knox, PA 16232. If you have any questions please call 1-814-797-2127.**

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