



MAYOR'S YOUTH CORPS  
CITY OF TAMPA

## Reference Form

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

Reference Name and Title: \_\_\_\_\_

Reference Email Address: \_\_\_\_\_

Reference Phone:  Work  Home  Cell  Other: \_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_

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 include another attachment should you need additional space for comments.)

Thank you for filling out this recommendation form.

**Please attach this recommendation to an email and send to [molly.biebel@tampagov.net](mailto:molly.biebel@tampagov.net)**

Forms can also be mailed to:

Molly Biebel, MYC Coordinator

3402 West Columbus Drive, Tampa, FL 33607

**REFERENCES MUST BE RECEIVED BY OCTOBER 22, 2020**