



AmeriCorps Cross-Cultural Education Service Systems (ACCESS) Project Reference Form

(Print Name of AmeriCorps Applicant)

TO THE PERSONAL REFERENCE:

AmeriCorps is a national community service program supported by a partnership of federal and state governments and local communities. AmeriCorps engages more than 200,000 Americans annually in results-driven service sponsored by thousands of local and national nonprofits, public agencies, and faith-based and community organizations. AmeriCorps members help communities meet critical challenges in education, public safety, the environment, and other human needs. They receive a monthly living allowance of up to \$25,000 for full-time and up to \$12,500 for part-time. They are also eligible for a Segal AmeriCorps Education Award to help pay for college or repay student loans upon completing their service year.

The applicant is applying to the **ACCESS Project** at UNCG's Center for New North Carolinians, an AmeriCorps program that helps immigrants and refugees integrate into North Carolina and achieve self-sufficiency. Your reference will help assess the candidate's qualifications, and personal recommendations are highly valued in our selection process. Your candid input is greatly appreciated.

Please complete **ALL** questions on the form, sign, and either:

- 1) return the completed form in a sealed envelope to the applicant to add to their application package or
 - 2) email it to acaccess@uncg.edu with the subject: Reference for _____. Thank you!
- applicant complete name*

REFERENCE INFORMATION

Please provide your contact information:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ Email: _____

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? _____ Years _____ Months

What's your connection to the applicant?

- | | | | |
|--|------------------------------------|--|---|
| <input type="checkbox"/> Employer / Supervisor | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Teacher / Professor | <input type="checkbox"/> Volunteer Supervisor |
| <input type="checkbox"/> Community Leader | <input type="checkbox"/> Friend | <input type="checkbox"/> Religious Leader | <input type="checkbox"/> Other: _____ |

WORK PERFORMANCE

1. Please comment on the applicant's work performance in relation to the following qualities:

a. Dependability:

b. Initiative:

c. Ability to Work Independently:

d. Punctuality:

e. Responsibility:

f. Work Ethic:

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

- ☐ Outstanding Performance
☐ Above Average Performance
☐ Satisfactory Performance
☐ Below Average Performance
☐ Unsatisfactory Performance

RELATIONSHIPS WITH OTHER PEOPLE

3. AmeriCorps members must serve and communicate with people of varied cultural, economic, educational, racial, and religious backgrounds. Please comment briefly on the applicant's relationships with other people in relation to the following qualities:

a. Cultural Sensitivity:

b. Teamwork Skills:

c. Flexibility:

EMOTIONAL MATURITY

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

COMMITMENT

5. The ACCESS Project requires a year-long commitment (Sept. – Aug.). During the year, challenges and obstacles are sure to arise. When an applicant does not complete their service year, it harms the program and future funding. Please describe the applicant's ability to follow through with their commitment(s).

STRENGTHS & WEAKNESSES

6. Please highlight any strengths that would set the applicant apart for the ACCESS program.

7. Please describe any weaknesses that would challenge the applicant's professional capacity.

OVERALL RECOMMENDATION

8. What is your overall recommendation?

- ☐ I recommend the applicant for AmeriCorps service.
- ☐ I have some reservations, but I believe the applicant will succeed in serving with AmeriCorps.
- ☐ I do not recommend this applicant for AmeriCorps service.

CONFIDENTIALITY STATEMENT

☐ I AUTHORIZE the ACCESS program to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.

☐ I DO NOT authorize the ACCESS program to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Date Reference Completed: _____

Signature (handwritten/drawn signature only): _____