



**HAWAII NATIONAL GUARD  
YOUTH CHALLENGE ACADEMY**  
P. O. Box 75348  
Kapolei, Hawaii 96707  
(808) 673-7530 ext. 207, 218 \* Fax (808) 447-3361



## MENTOR REFERENCE RESPONSE

*Your immediate response is greatly appreciated!*

Dear \_\_\_\_\_,  
(Reference First and Last Name)

\_\_\_\_\_ has been nominated or volunteered as a mentor with the Youth  
(Mentor Prospect First and Last Name)  
CHALLENGE Academy for Applicant \_\_\_\_\_. He/she is being considered for  
(Applicant First and Last Name, if known)

a match with an at-risk youth in a one-to-one relationship. This mentor prospect listed you as a character reference. Please answer the questions on this form as fully and carefully as you can. Information received will be kept confidential.

How long have you known the mentor prospect? \_\_\_\_\_ Relationship: \_\_\_\_\_

Does the mentor prospect have a good home relationship? \_\_\_\_\_

Does he/she work well with others? \_\_\_\_\_

Does he/she have a tendency to overcommit him/herself? Get too involved? \_\_\_\_\_

How would you rate him/her based on the following?

	Excellent	Good	Average	Poor	Unknown
Personal habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

Do you recommend this person as a mentor for a youth at-risk? Why? (Explain)

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

For more information, please call Mentor Coordinators Office @ 685-7133 or email: gail.k.fujimoto@hawaii.gov