

REFERENCES FOR MINORS (APPLICANTS UNDER AGE 18)

Please provide two personal/professional references using the following form. Each reference must be provided by an individual who is:

- not your legal guardian
- at least 18 years old.
- You can have only ONE relative as a reference (once again, not including a legal guardian)

Reference #1

By signing below, I confirm the following:

| 1. | I know | | ("Applicant") in either a personal | or professional capacity; |
|----|--------|-----------------------------------|------------------------------------|---------------------------|
| | | Print Name of Volunteer Applicant | | |

- 2. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
- 3. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Ability Tree First Coast (ATFC), and
- 4. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Ability Tree's MVPs (individuals with disabilities) or others who participate in ATFC programs.

| Signed: | Printed Name: |
|--|----------------------------|
| Date: | Relationship to Applicant: |
| Organization/Institution (if applicabl | e): |

Reference #2

By signing below, I confirm the following:

| 5. | I know | | ("Applicant") in either a | personal o | or professional | capacity; |
|----|--------|-----------------------------------|---------------------------|------------|-----------------|-----------|
| | | Print Name of Volunteer Applicant | | - | - | |

- 6. I am at least 18 years of age and am not a legal guardian or relative of Applicant;
- 7. I am not aware of any reason that Applicant should not be permitted to volunteer on behalf of Ability Tree First Coast (ATFC), and
- 8. I do not possess any information that would cause me to believe Applicant would pose any undue risk to Ability Tree's MVPs (individuals with disabilities) or others who participate in ATFC programs.

| Signed: | Printed Name: |
|---------------------------------------|----------------------------|
| Date: | Relationship to Applicant: |
| Organization/Institution (if applicat | ble): |