



INTERN PERSONAL REFERENCE QUESTIONNAIRE

Name of Intern Applicant

This applicant wishes to provide services to clients of the Department of Health during his/her internship period. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

1. How long have you known the applicant? _____
2. Do you consider him/her to be of good moral character? If no, please explain. _____

3. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? _____ If yes, please explain: _____

4. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? _____
5. Do you have any additional comments concerning the applicant's character or reliability? _____
6. What is your relationship to the applicant? _____

Reference Signature

Name (please print)

Address

Telephone

City State Zip

Thank you for your time.