



Date:

**CONFIDENTIAL**  
**PERSONAL REFERENCE**

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**Host Family Name**

1. How long have you known this person? \_\_\_\_\_
2. What is your relationship to him/her? (Relative, neighbor, casual acquaintance, close friend, etc.) \_\_\_\_\_
3. In your opinion, is he/she a happy, well-adjusted person? Yes \_\_\_\_ No \_\_\_\_
4. On what do you base your opinion?

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5. Describe the personality of this applicant.

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6. Please list any habits, health problems, personal or family problems that might affect his/her volunteer work with MKI.

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7. Have you seen him/her provide care to children? Yes \_\_\_\_ No \_\_\_\_ If so, please explain the care you observed.

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8. Has he/she ever cared for your child? Yes \_\_\_\_ No \_\_\_\_  
Was it good care? Yes \_\_\_\_ No \_\_\_\_



**Date:**

9. If not, please explain.

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10. What methods does he/she use to discipline children?

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11. How does she/he show affection and understanding with children?

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12. How does he/she react in stressful or crisis situations?

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13. Are you aware of this person having a problem with drugs or alcohol?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Are you aware of any mental or emotional problems? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Are you aware of any crime ever charged?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. If yes for any of the above three questions, please explain.

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**Date:**

Do you have any other comments that you feel should be taken into consideration?

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*Your Signature*

*Your Printed Name*

*Address*

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*City/ State/ Zip*

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*Home Phone*

*Cell Phone*

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*E-mail Address*

**Please return to: Mending Kids International  
P. O. Box 1007  
Santa Clarita, CA 91386-1007**

**OR**

**Fax: 661-298-8833**