



## MentorWorks–Fairfax County Public Schools

Office of Student Safety and Wellness

8270 Willow Oaks Corporate Drive, Suite 3016

Fairfax, VA 22031

571-423-4273

### PERSONAL REFERENCES

Your Name \_\_\_\_\_

Please provide the names and contact information for **TWO** personal references. These references should be **non-family members** who are willing to tell us why you would be a good candidate to mentor students in Fairfax County Public Schools. By providing this information you are giving Fairfax County Public Schools permission to contact your personal references as needed.

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

#### PERSONAL REFERENCE #1

Name (please print) \_\_\_\_\_

Cell phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

#### PERSONAL REFERENCE #2

Name (please print) \_\_\_\_\_

Cell phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to applicant \_\_\_\_\_