

# Character Reference Check

Date of Reference Check: \_\_\_\_\_

**CHARACTER REFERENCES SHOULD BE SOMEONE WHO HAS KNOWN YOU FOR AT LEAST 2 YEARS AND IS UNRELATED TO YOU. WE REQUIRE 3 CHARACTER REFERENCES; PLEASE LIST EACH REFERENCE ON A SEPARATE FORM.**

**APPLICANT NAME:** \_\_\_\_\_

**REFERENCE NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_



**STOP!**



**BELOW THIS LINE WILL BE COMPLETED BY CCYS STAFF**

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THE PERSON NAMED ABOVE HAS GIVEN YOUR NAME AS A PERSONAL REFERENCE. AS PRESCRIBED IN SUBSECTION 65C-14.023, FLORIDA ADMINISTRATIVE CODE, THIS REFERENCE IS IN ORDER FOR HIM/HER TO WORK DIRECTLY WITH CHILDREN AND/OR A DEVELOPMENTALLY DISABLED PERSON.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. IN WHAT CAPACITY DO YOU KNOW THIS PERSON? FOR HOW LONG?

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2. ARE YOU AWARE OF ANY INFORMATION THAT MIGHT QUESTION THIS PERSON'S SUITABILITY TO WORK WITH CHILDREN OR DEVELOPMENTALLY DISABLED PERSONS?

YES  NO

IF YES, PLEASE GIVE FULL DETAILS AND IF POSSIBLE INCLUDE OTHER SOURCES THAT COULD FURNISH ADDITIONAL INFORMATION.

\_\_\_\_\_

3. WOULD YOU CONSIDER PLACING THE RESPONSIBILITY OF A CHILD OR DEVELOPMENTALLY DISABLED RELATIVE OF YOURS WITH THIS PERSON?

YES  NO

IF NO, PLEASE GIVE FULL DETAILS AND IF POSSIBLE INCLUDE OTHER SOURCES THAT COULD FURNISH ADDITIONAL INFORMATION.

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**I ATTEST THAT I TELEPHONED THE LISTED REFERENCE AND THE INFORMATION ABOVE IS TRUE.**

PERSON CONDUCTING REFERENCE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_