



216 4th Street N, Stillwater, MN 55082
651-430-8800
www.stillwatermn.gov

REFERENCE FORM

(Completed by an ADULT who will serve as reference for you)

Please print off this form, fill out, and return to applicant who will upload it with their application to the City.

Name of Youth Applicant: _____

As part of the process for selecting youth representatives on various the City of Stillwater Boards or Commissions, the Selection Committee is seeking recommendation and information for each candidate. Please provide us your input regarding the following areas:

	<u>Unknown</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
• Leadership qualities	☐	☐	☐	☐	☐
• Maturity	☐	☐	☐	☐	☐
• Interest in service	☐	☐	☐	☐	☐
• Responsibility	☐	☐	☐	☐	☐
• Positive attitude	☐	☐	☐	☐	☐

Please provide additional comments in the space below:

Reference Name: _____
(Please Print)

Title: _____

Signature: _____

Date: _____

Phone#: _____

THANK YOU!