



# Centre County Youth Service Bureau

325 West Aaron Drive, State College, PA 16803

Phone: 814-237-5731 Fax: 814-237-2228

## Internship Reference Form

Applicant's Name: \_\_\_\_\_

**The above named applicant has applied for an internship with the Centre County Youth Service Bureau. If selected, this individual will be expected to work in a youth-serving agency in a mature and professional manner. Your input on the following items is solicited.**

### Thank You

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1. What is your relationship to the applicant, including the length of time you have known this person?

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2. Please comment on this applicant's skill level in assessing client/family problems and his or her ability to provide on-going counseling to children and youth under the close supervision of Bureau staff.

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3. As the applicant prepares to enter the field of human services, what personal and professional strengths and weaknesses does he or she possess that will impact on internship performance?

Strengths:

Weaknesses:

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4. Does the applicant have any strong personal values that may help or hinder job performance in addressing various types of youth and family problems (ex. drugs and alcohol, sexuality, cultural differences)?

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5. Please comment on the applicant's level of dependability, creativity, assertiveness and the soundness of his or her judgement.

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Please attach any additional information you feel may be helpful for us to consider. Thank You

I permit the applicant to have access to information presented in this reference. Yes \_\_\_\_\_ No \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_