



Volunteer Program Specialist
(352) 334-3943 FAX (352) 334-1256

ALACHUA COUNTY LIBRARY DISTRICT
Headquarters - 401 East University Ave.
Gainesville, FL 32601-5453

Reference Form

(Reference should not be related to the volunteer applicant.)

This reference is for _____, who is applying
first and last name
to be a volunteer at the Alachua County Library District. I have known this young
person for _____ through _____
period of time (days, months, or years) *name of school, church, etc.*

This young person has demonstrated that s/he is responsible, dependable, and
would be a good candidate for a Library volunteer.

Additional information you would like to give about this young person (optional):

Name of person submitting reference:

Please print

Daytime phone number _____

Signature: _____

Date: _____

Please return to:
Alachua County Library District Volunteer Program Specialist
401 East University Avenue
Gainesville, Florida 32601
(352) 334-3943