Reference – City of Tampa Mayor's Youth Corps

Applicant Name: _____

Reference Name & Title: _____

Organization/Affiliation: _____

Reference Email: _____ Reference Phone: _____

How long have you known the applicant? _____In what capacity? _____

What would you consider to be the applicant's strengths? _____

_____

_____

What would you consider to be the applicant's weaknesses? _____

_____

_____

Please rate the applicant on each quality, using a scale of 1 (unqualified) to 5 (highly qualified).

Quality	1	2	3	4	5	N/A
Consistently reliable						
Takes initiative						
Shows strong leadership skills						
Has good me management/meets deadlines						
Ability to express themselves						
Confident in working with a variety of people						
Goes above and beyond						
Would be a good choice for the Mayor's Youth Corps						

(If additional space is needed for comments, you may attach a separate sheet.)

Thank you for filling out this recommendation form.

Please scan and email your recommendation as a **PDF** to
molly.biebel@tampa.gov,
or you may mail it to:
Mayor's Youth Corps Coordinator
3402 West Columbus Drive – 250D
Tampa, FL 33607
REFERENCES MUST BE RECEIVED BY OCTOBER 22, 2026