



## PERSONAL REFERENCE FORM

For (Name) \_\_\_\_\_ who is applying for a position with the Pregnancy Resource Center,  
P. O. Box 291832, Kerrville, TX 78029-1832.

***The mission of the TPRC is to provide sexual health and parenting resources to enable families to choose life.***

1. How long have you know the above person? \_\_\_\_\_
2. In what capacity have you known the above person? \_\_\_\_\_
3. What are the above person's strengths? \_\_\_\_\_
4. What characteristic(s) and/or life experience(s) of this person will be particular assets in the position applied for? \_\_\_\_\_
5. To your knowledge, has the above person held similar responsibilities in other organizations? Y N
6. If YES to Item 5, what position(s) in what organization(s)?  
Position \_\_\_\_\_ Organization \_\_\_\_\_  
Position \_\_\_\_\_ Organization \_\_\_\_\_  
Position \_\_\_\_\_ Organization \_\_\_\_\_
7. In your opinion, is this person [ ] minimally qualified [ ] adequately qualified [ ] highly qualified for this position?
8. Do you have any reservations about the suitability of this above person for this position? Y N
9. If YES to Item 8, what reservations do you have? \_\_\_\_\_

Respectfully submitted by \_\_\_\_\_ date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
What is the best time and number to call for further clarification? \_\_\_\_\_

Please mail this completed form promptly to:

Executive Director  
The Pregnancy Resource Center  
P. O. Box 291832  
Kerrville, TX 78029-1832

Or email a copy to [ed@thepregnancyresourcecenter.org](mailto:ed@thepregnancyresourcecenter.org)