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| U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS | <h2 style="margin: 0;">REQUEST FOR REFERENCE</h2> | FOR OFFICIAL USE ONLY |
| 1. From COMMANDING OFFICER | 2. To (No Relatives) | |
| 3a. Applicant Name (Type or Print) | 3b. Applicant's Signature | 3c. Date |
| <p><i>The above named applicant has volunteered to become an adult leader in the Naval Sea Cadet Corps (NSCC). The information you provide will be appreciated since it will be used to determine the applicant's suitability to work with youth.</i></p> <p><i>The NSCC is a federally chartered youth program for ages 11-17 that is sponsored by the Navy League of the United States and supported by the Department of the Navy and U.S. Coast Guard. An NSCC adult leader must be of high moral character, intelligent, responsible, and mature.</i></p> <p><i>Your statements will not be shared with the applicant at anytime. Also, you will not be considered personally or legally responsible should the applicant not be accepted, so please be as frank in your opinions as possible.</i></p> <p><i>Your answering of this request is very important, so please complete and return it as soon as possible. For your convenience a postage paid envelope has been enclosed. Your cooperation is appreciated.</i></p> | | |
| 4. QUESTIONNAIRE | | |
| 4a. How long have you know the applicant? | 4b. What is your relationship to the application? (No Relatives) | |
| 4c. Do you consider the applicant to be a responsible and reliable person? <input type="checkbox"/> YES <input type="checkbox"/> NO, if NO please explain: | | |
| 4d. To the best of your knowledge, has the applicant ever been convicted of a criminal act or had his/her driver's license revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO, if YES please explain: | | |
| 4e. Have you ever observed the applicant working with children? <input type="checkbox"/> YES <input type="checkbox"/> NO, if YES, in what capacity?: | | |
| 4f. Do you recommend the applicant to be entrusted with the supervision, guidance, and care of youth? <input type="checkbox"/> YES <input type="checkbox"/> NO, if NO please explain: | | |
| 4g. Do you recommend this applicant to be accepted as an adult leader? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 5. ENDORSEMENT By signing you certify that to the best of your knowledge all of the information provided on this form is truthful and accurate. | | |
| 5a. Full Name (Print or Type) | 5b. Signature | 5c. Date |