

PERSONAL REFERENCE

*This reference must be different from the Professional Reference and should NOT be a family member.
Please type or print clearly in ink. Please attach extra sheets if needed*

Candidate's Name _____

Name of Reference _____

Reference's Address _____

City _____ State _____ Zip _____

Phone: Daytime _____ Evening _____

In what capacity does the reference know the candidate?

What are his/her strengths?

What are his/her weaknesses?

How do you predict this individual will be able to contribute to equine assisted activities or therapies in Virginia?

Is there anything else you would like to share about this individual?

Signature of Reference: _____

Date: _____ 9/08