

FLOYD COUNTY YOUTH ACTION TEAM

Recommendation/Reference Form

Student's Name: _____

Address: _____

Telephone Number: _____

School: _____ Grade: _____

Reference's Name: _____

Phone number: _____

Email address: _____

1. Why do you think this youth would be a good role model for his/her peers?
2. Why do you consider this youth reliable?
3. Please list any other comments as to why this youth would be an asset to the Floyd County Youth Action Team.

Please return to: Floyd County Teen Resource Center
16 East 12th Street
Rome, GA 30161
Fax: 706.802.5445

OR

Email to: cclayton@dhr.state.ga.us