

DRUG-FREE ALL STAR REFERENCE FORM
TO BE COMPLETED BY PRINCIPAL, TEACHER OR COUNSELOR
AND
A NON-RELATIVE, SUCH AS AN EMPLOYER, PASTOR OR OTHER COMMUNITY MEMBER FROM
OUTSIDE THE APPLICANT'S SCHOOL

TO THE REFERENCE:

You have been asked to be a reference for an applicant to the Drug-Free All Star program. The selection committee attaches considerable weight to the statements made by the references of the applicant.

Please mail this form postmarked by Friday, May 31, 2024 to:

The Coalition
Attn: Abby Baker
P.O. BOX 152236
Lufkin, TX 75915

Reference forms may also be emailed to Abby Baker at abaker@angelinacoalition.org. Subject line should include student's full name and "DFAS Reference."

APPLICANT NAME: _____

Name of Reference: _____

Position/Title: _____ School/Organization: _____

Mailing Address: _____

Phone: _____ Relation to the Applicant: _____

1. For how long and in what capacity have you known the student (applicant)?

2. What do you consider the applicant's primary talents or strengths?

3. Why do you consider the applicant to be a leader in standing against drugs, alcohol, tobacco and e-cigarettes (including ELF, Puff/Air bars)?

4. Comment on the applicant's relationships with his/her peers.

Please use the scale below to compare applicant with other students you have known.

	Exceptional	Excellent	Good	Average	Poor	Unable to Judge
Character						
Concern for others						
Responsibility						
Leadership						
Participation						
Ability to work with others						
Maturity						
Poise						
Oral Communication Skills						
Persistence & Drive						
Interest in community						
Analytical ability						

Any additional comments:

Thank you for filling out this reference form!