ARMY CADETS OF AMERICA	REQUEST FOR REFERENCE	FOR OFFICIAL USE ONLY

1. From	**2.** To (No Relatives)
COMMANDING OFFICER	

3a. Applicant Name (Type of Print)	**3b.** Applicant's Signature	**3c.** Date

The above named applicant has volunteered to become an adult leader in the Army Cadets of America (ACA). The information you provide will be appreciated since it will be used to determine the applicant's suitability to work with youth.

The Army Cadets of America is a non federally chartered youth program for ages 14-21 that is sponsored by the Boy Scouts of America Learning For Life Explorer Program and supported by the Department of the Army, Army National Guard and U.S. Army Reserve. Army Cadets of America adult leader must be of high moral character, intelligent, responsible, and mature.

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.

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.

4. QUESTIONAIRE

4a. How long have you known the applicant?	**4b.** What is your relationship to the applicant? (No Relatives)

4c. Do you consider the applicant to be a responsible and reliable person?

☐ YES ☐ 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?

☐ YES ☐ NO, if YES please explain:

4e. Have you ever observed the applicant working with children?

☐ YES ☐ NO, if YES, in what capacity?:

4f. Do you recommend the applicant to be entrusted with the supervision, guidance, and care of youth?

☐ YES ☐ NO, if NO please explain:

4g. Do you recommend this applicant to be accepted as an adult leader?

YES ☐ 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 of Type)	**5b.** Signature	**5c.** Date