



Purchase Community, Inc. • 3095 Purchase Street • Purchase NY 10577 • T. 914.949.2636 • F. 914.949.0955 • www.purchasehouse.com

TEAM Member Name: _____

Returning TEAM Member Reference Form

Due to Westchester County Department of Health regulations, we are required to verify two references for new **AND RETURNING TEAM MEMBERS**. Please list current contact information for two people who are familiar with your character and/or your qualifications in working with young children. These do not need to be your original references. Someone current is preferable. *Please do not include current PDC TEAM Members or family members.*

Reference 1:

Reference Name:
Reference Phone Number or Email:
Your Relationship to the Reference:

Reference 2:

Reference Name:
Reference Phone Number or Email:
Your Relationship to the Reference: