



# Southwestern Association of Forensic Scientists Applicant Reference Form

**Applicants:** Complete Part I of the reference form and forward to reference (must be a Regular, Distinguished, or Emeritus SWAFS member in good standing.)

**References:** Please complete Part II and mail to the SWAFS Membership Committee.

Mail to: SWAFS Membership Committee  
Scottsdale PD lab - SWAFS  
PO Box 3167  
Tempe, AZ 85280-3167  
Attn: Jennifer Valdez

480-312-5276  
[membership2@swafs.us](mailto:membership2@swafs.us)  
[www.swafs.us](http://www.swafs.us)

## Part I – To be Completed by the Applicant

Applicant Name \_\_\_\_\_

Membership Status for which you are applying Student ( ) Associate ( ) Partner ( ) Regular ( )

Applicant's area(s) of expertise *(check all that apply)*

Latent Prints ( ) Crime Scene ( ) Trace ( ) Serology ( ) DNA ( ) Firearms ( ) Drugs ( ) Clan Labs ( )

Breath Alcohol ( ) Blood Alcohol ( ) Toxicology ( ) Other \_\_\_\_\_

## Part II – To be Completed by the Reference

### Knowledge about the applicant

Length of time acquainted \_\_\_\_\_

Working relationship (peer, trainee, supervisor, etc.) \_\_\_\_\_

Applicant's length of time in forensic science \_\_\_\_\_

Y ( ) N ( ) To the best of your knowledge, has the applicant ever been investigated, censured or disciplined for unethical conduct or procedure? (If yes, please attach explanation)

Y ( ) N ( ) Do you recommend without qualification acceptance of this applicant for membership? (If no, please explain. Attach additional pages if necessary)

### Comments:

Any concerns or comments you would like to make regarding the applicant? (Attach additional pages if necessary)

### Reference Information

Print Name \_\_\_\_\_ Telephone \_\_\_\_\_

Title/Position \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

SWAFS Membership Status \_\_\_\_\_

### Reference Signature

Date \_\_\_\_\_

I certify by my signature above that to the best of my knowledge all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. My signature authorizes the SWAFS or any of its officers or staff to verify the accuracy of any of the information provided in or as part of this application. New Membership Applications and documents will be archived for a 3-year period with the Membership Committee. After this 3-year period, those records will be shredded. If you require permanent records be archived you will need to keep them yourself. All old applications will be purged once pertinent information is obtained and archived electronically