

To the individual providing this reference:					
Please complete this form and <u>return to the applicant</u> . References must be submitted together with the application form.					
Volunteer Applicant					
First Name:			Last Name:		
Referee Information					
Suggested referees: Employer, Supervisor, Teacher, or anyone who knows the applicant well. Family and friends may not act as references. Volunteer Resources may follow up with and speak to references					
First Name:			Last Name:		
Organization:			Occupation:		
Phone Number:			Email Address:		
How long have you known the applicant?					
In what capacity do you know the applicant?					
Assessment					
This applicant is interested in volunteering in a hospital where there are sick and vulnerable people. Would you recommend that the applicant volunteer in this type of setting? Please explain.					
Applicant Strengths:			Areas for Improvement:		
Other Comments:					
Ratings					
Please rate the applicant in the following areas using this scale: 5= Excellent 1= Poor					
	5	4	3	2	1
Reliability and Commitment					
Interpersonal Skills					
Communication Skills					
Teamwork and Cooperation					
Flexibility					
Signature and Date					
Referee Signature:				Date: mm/dd/yyyy	