

**To the individual providing this reference:**

Please complete this form and return to the applicant. 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 & 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 & Date

Referee Signature:

Date: mm/dd/yyyy