

CONFIDENTIAL REFERENCE FORM

Name of person completing Reference _____

How long have you known the applicant? _____

What is your relationship? Friend _____ Co-worker _____

Other (explain) _____

Please tell us what your experience with the applicant has been by checking the appropriate box below.

| <i>Applicant....</i> | <i>Superior</i> | <i>Good</i> | <i>Fair</i> | <i>Poor</i> | <i>Comments</i> |
|---------------------------------|-----------------|-------------|-------------|-------------|-----------------|
| is dependable | | | | | |
| uses good judgment | | | | | |
| relates well to others | | | | | |
| presents neat appearance | | | | | |
| has patience with others | | | | | |
| is a team player | | | | | |
| accepts instruction | | | | | |
| gets the job done | | | | | |
| does quality work | | | | | |
| respects confidentiality | | | | | |

Would you recommend this applicant for volunteer placement in a hospital setting? __yes __no

Comments: _____

Please provide us with any other information that would be helpful to us in considering this applicant as a volunteer.

Signature

Date

Thank You!