Volunteer Services Department

Reference Form

Memorial Health System Volunteer Services Department would appreciate your assistance in providing us with a written reference for the volunteer applicant listed below.

I _____ have applied for a volunteer position at Memorial Health System and have given your name as a professional reference. I give permission for the release of the reference information to Memorial Health System. I hereby release my references, my former employers and all institutions/organizations for which I have volunteered or am currently volunteering from all liability for furnishing this information. A copy of this authorization is as valid as the original.

Applicant Signature:_____ Date:_____

Phone Number: _____E-mail _____

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Name of Reference:_____

Organization
Name:_____

Address:_____

City/State/Zip:_____

Telephone:
Day:_____Evening:_____

E-mail address: _____

1) How long have you known the applicant?

2) In what capacity do you know the applicant?

3) What do you consider to be the applicant's character strengths and how have they been demonstrated?

4) Please circle the number in the scale that reflects your opinion of the person. Few people will fall in the highest or lowest categories. Please use these extremes to indicate significant impressions about the person.

	LOW		AVERAGE		HIGH
Compassion for other people	1	2	3	4	5
Interpersonal communication and listening	1	2	3	4	5
Flexibility	1	2	3	4	5
Respect of diverse lifestyles, cultures, religions	1	2	3	4	5
Dependability	1	2	3	4	5
Judgment and problem-solving skills	1	2	3	4	5

7) Is there anything else you would like to add concerning the applicant?

8) I authorize you to share this information with the candidate.   Yes_____   No_____

Reference Signature _____ Date_____

Please return this form to the Volunteer Services Department.
The form can also be returned by mail, email, or fax to our office.
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