

Volunteer Applicant Reference Form

To the individual providing this reference:

Please complete this form and either return it to the applicant or mail to St. Joseph Healthcare, Volunteer Services, PO Box 403, Bangor, ME 04402-0403, or email to renee.bouchard@sjhhealth.com.

Volunteer Applicant

First Name:

Last Name:

Referee Information

Reference must be 21 year or older, has known the applicant for more than a year, and is not a relative.

First Name:

Last Name:

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's 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

