

Student Volunteer Reference Form

(Full Name) _____ is applying to become a student volunteer for Beth Israel Lahey Health Northeast Hospitals. To get to know the applicant better, we ask you to please respond to the questions on this form. *Please return this reference form to me via email at: janet.f.ward@lahey.org as soon as possible so that we may include it with their volunteer application.*

All information will be kept strictly confidential. We appreciate your thoughtful comments and thank you for your assistance.

Sincerely,

Janet F. Ward
 Janet.f.ward@lahey.org
 Coordinator of Volunteer Services

How long have you known the applicant and in what capacity?

How well do you know the applicant? ___ Very Well ___ Well ___ Casually ___ Other (please explain): _____

Please check the following:

Characteristics	Excellent	Good	Fair	Poor	Unobserved
Attendance/Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative with Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Well with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Well with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this applicant for Volunteer Service? _____

Please offer any further comments you think will be helpful in placing this applicant as a hospital volunteer (please use reverse side if more space is needed):

Email: _____

Signature: _____ Date: _____

Printed Name: _____ Agency (if applicable): _____