



THE LEADING EDGE of CARING.

**Student Volunteer Reference Form**

(Full Name)\_\_\_\_\_ is applying to become a student volunteer for 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 (in a sealed envelope) to the student volunteer applicant (named above) as soon as possible so that they may include it in their volunteer application. **All information will be kept strictly confidential.*** We appreciate your thoughtful comments and thank you for your assistance.

Sincerely,

Jane F. Karaman, CAVS  
Manager 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:***

<u>Characteristics</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Unobserved</u>
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"/>
Emotional stability	<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):

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Agency (if applicable): \_\_\_\_\_