

Student Volunteer Reference Form

(Full Name) _____ is applying to become a student volunteer at Beverly Hospital, Addison Gilbert Hospital, or the Lahey Outpatient Center in Danvers. 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 applicant named above as soon as possible so that they 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.

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:

Signature: _____ Date: _____

Printed Name: _____ Agency (if applicable): _____