Regions Hospital®
Volunteer Services

VOLUNTEER REFERENCE FORM

THE PERSON NAMED BELOW IS APPLYING FOR THE REGIONS HOSPITAL VOLUNTEER PROGRAM AND HAS SELECTED YOU AS A REFERENCE. WE KINDLY REQUEST THAT YOU ANSWER THE FOLLOWING QUESTIONS BELOW TO THE BEST OF YOUR KNOWLEDGE. YOUR CANDID RESPONSE IS APPRECIATED. THE INFORMATION YOU PROVIDE WILL BE HELD IN STRICTEST CONFIDENCE. THANK YOU FOR YOUR TIME.

Name of Applicant: _____

Name of Recommender: _____

Relationship to Applicant: ☐ Employer ☐ Coworker ☐ Teacher/Professor ☐ School Counselor/Advisor
☐ Other: _____
(please note that recommenders should not be personal friends or family members)

How long have you known this applicant? _____

PLEASE RATE THE APPLICANT ON THE QUALITIES BELOW. PLEASE LEAVE BLANK ANY ITEMS THAT ARE NOT APPLICABLE TO YOUR RELATIONSHIP WITH THE APPLICANT.

	(5) = Needs Improvement	(4) = Below Average	(3) = Average	(2) = Above Average	(1) = Exceptional
Ability to work with others	☐	☐	☐	☐	☐
Verbal communication	☐	☐	☐	☐	☐
Punctuality	☐	☐	☐	☐	☐
Dependability/Reliability	☐	☐	☐	☐	☐
Reaction to stress	☐	☐	☐	☐	☐
Ability to take initiative in an unfamiliar situation	☐	☐	☐	☐	☐
Maturity level for age	☐	☐	☐	☐	☐
Ability to thrive in a fast-paced environment	☐	☐	☐	☐	☐
Ability to thrive in a slow-paced environment	☐	☐	☐	☐	☐

Would you be comfortable having this applicant involved in your care experience if you were a patient or visitor in a hospital? Why or why not?

_____
_____
_____
_____

Volunteers may work directly with patients, may be in proximity of high stress or traumatic situations, and/or may have access to limited amounts of confidential information. In your opinion, do you think this applicant has the ability to handle themselves appropriately in these types of situations? Why or why not?

_____
_____
_____
_____

What is your overall recommendation for this applicant for volunteer work?

☐ Highly recommended

☐ Recommended

☐ Recommended with reservations

☐ Not recommended

Signature of Recommender: _____ **Date:** _____

Printed Name: _____ **Phone Number:** _____

We sincerely thank you for your time filling out this form. Please see the instructions below for submission of form. Thank you again!

Recommender: *Please return this form to the applicant in a sealed envelope with your signature across the seal.*

Applicant: *Please bring this form in the sealed envelope with you to your interview.*