

Memorial Health Volunteer Reference Form

Volunteer Applicant's Name: _____

The person named above has applied for a volunteer position within Memorial Health. Memorial offers a variety of volunteer opportunities that include working with persons of all ages. It will help us a great deal if you would carefully answer the following questions to the best of your knowledge and **return this form to Memorial Volunteer Services in the envelope provided** as soon as possible. **Note:** References from immediate family cannot be accepted. *The information you provide is held in the strictest of confidence.*

1. How do you know the applicant or in what capacity have you known the applicant? _____

2. How long have you known the applicant (minimum of 6 months *required*)? _____

3. How well do you know the applicant? **(Please circle one.)**

Very well Well Average Little Very Little

4. How does the applicant approach people, cultures or lifestyles different from their own?

(Please circle all that apply.)

With: Open mindedness Curiosity Acceptance Caution Judgment

Other (please explain): _____

5. Have you observed the applicant interact with children and/or elderly adults? Yes No

If yes, how would you characterize his/her ability to interact with them?

(Please circle all that apply.)

Friendly Engaging Impatient Inconsistent Dependable
Creative Caring Well-liked Flexible Understanding

Other (please explain): _____

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6. Are you aware of anything that would prevent the applicant from being an effective volunteer? If yes, please explain. _____

7. Keeping in mind the importance of commitment, reliability, stability and good judgment, what overall recommendation do you give this applicant? **(Please check one.)**

- _____ My highest recommendation
- _____ I recommend
- _____ I recommend with reservations (please specify below)
- _____ I cannot recommend this person to your program (specify below)

Comments: _____

Printed Name: _____

Address: _____

Telephone: _____

Signature: _____

If you have additional information to share with us, please call Volunteer Services at (937) 578-2336.

Please return the completed form *in the provided envelope* or mail to:

**Memorial Health Volunteer Services
500 London Ave., Marysville, OH 43040**

Thank you!

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