Volunteer Services Department

Reference Form

Memorial Health System Volunteer Services Department would appreciate your assistance in providing us with a written reference for the volunteer applicant listed below.

I _____________________________________________________ have applied for a volunteer position at Memorial Health System and have given your name as a professional reference. I give permission for the release of the reference information to Memorial Health System. I hereby release my references, my former employers and all institutions/organizations for which I have volunteered or am currently volunteering from all liability for furnishing this information. A copy of this authorization is as valid as the original.

Applicant Signature:______________________________________ Date:_________________
Phone Number: ___________________________E-mail ______________________________

Name of Reference:____________________________________________________________________
Organization Name:____________________________________________________________________
Address:________________________________________________________________________
City/State/Zip:_____________________________________________________________________

Telephone:
Day:__________________________________Evening:________________________________

E-mail address:  _______________________________________________________________

1) How long have you known the applicant?

2) In what capacity do you know the applicant?
   (Professional references only – friends and family members can’t complete this form.)
3) What do you consider to be the applicant’s character strengths and how have they been demonstrated?

4) Please circle the number in the scale that reflects your opinion of the person. Few people will fall in the highest or lowest categories. Please use these extremes to indicate significant impressions about the person.

<table>
<thead>
<tr>
<th></th>
<th>LOW</th>
<th>AVERAGE</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion for other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Interpersonal communication and listening</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Flexibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Respect of diverse lifestyles, cultures, religions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dependability</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Judgment and problem-solving skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

7) Is there anything else you would like to add concerning the applicant?

8) I authorize you to share this information with the candidate. Yes_____ No_____