



MEMORIAL  
HEALTH SYSTEM

## 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.

	<b>LOW</b>		<b>AVERAGE</b>		<b>HIGH</b>
Compassion for other people	1	2	3	4	5
Interpersonal communication and listening	1	2	3	4	5
Flexibility	1	2	3	4	5
Respect of diverse lifestyles, cultures, religions	1	2	3	4	5
Dependability	1	2	3	4	5
Judgment and problem-solving skills	1	2	3	4	5

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\_\_\_\_\_

Reference Signature \_\_\_\_\_ Date\_\_\_\_\_

**Please return this form to the Volunteer Services Department.  
The form can also be returned by fax to our office at 740-568-5383  
Cindy Hall, Volunteer Services Department  
Memorial Health System  
401 Matthew Street  
Marietta, OH 45750  
(740) 374-1778**