

Student Volunteer at United Regional

Reference Questionnaire

Name of Applicant: _____

In what capacity have you known the applicant? _____

How long have you known them? _____

Do you think the applicant can refrain from discussing patients when they leave the hospital?

Does the applicant conduct themselves maturely and exhibit self-discipline in most situations?

Do you think the applicant follows directions and can take initiative?

To your knowledge is the applicant tempted by or using drugs that may prevent them from volunteering?

On a scale of 1(lowest) to 10 (highest), how would you rate the applicant's moral standards? _____
Why?

How does the applicant get along with their peers? _____

Reference form continued

Check the qualities below which you believe best describe the applicant:

<input type="checkbox"/> Well-groomed	<input type="checkbox"/> Honest	<input type="checkbox"/> Dedicated
<input type="checkbox"/> Courteous	<input type="checkbox"/> Out-going	<input type="checkbox"/> Driven
<input type="checkbox"/> Reserved	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Flexible
<input type="checkbox"/> Dependable	<input type="checkbox"/> Able to follow directions	<input type="checkbox"/> Orderly

Are there any other qualities that you believe describe the applicant? _____

Please list three strengths and three weaknesses which would impact the applicant's ability to volunteer.

3 Strengths:

3 Weaknesses:

Remarks: (Please give us any information you think might be helpful to us in evaluating this applicant.)

Signature: _____ Phone: _____
(must be actual signature)

Address: _____

Reference Instructions

Complete Reference & return to student to place with their application packet.

You may also email to lmorton@unitedregional.org
email must be in the form of a PDF to come through firewall.

*If you have any questions, please call LaRissa Morton
at (940) 764-3031.*

