The Miriam Hospital
A Lifespan Partner

Volunteer Services Reference Form
(References cannot include friends or relatives)

Dear Sir or Madam:

_____ has applied for a volunteer position at The Miriam Hospital, and has listed you as a reference. In order to complete our application process, we ask your assistance in providing the following information. Your prompt and candid response is greatly appreciated.

	Excellent	Very Good	Average	Fair	Poor	N/A
Dependability						
Attendance						
Promptness						
Emotional Maturity						
Verbal Communication Skills						
Attitude						
Ability to work independently						
Ability to understand & adhere to organizational structure, policies and procedures						
Ability to fulfill commitments/responsibilities						
Ability to manage stressful situations						
Ability to follow instructions						
Ability to accept correction/ feedback						
Ability to work as a team member						
Ability to performance assigned tasks						

Additional Comments:

_____

_____

_____

_____

Name _____ Signature _____

_____ Date _____

(Relationship to volunteer)