

VOLUNTEER REFERENCE FORM

Applicant's Name: _____ Date: _____

The above named person has applied for a volunteer position at St. Anthony Medical Campus and has selected you as a reference. As a protection for our patients and residents, we require references for all volunteer applicants.

Please complete this form and return it in the enclosed envelope as soon as possible. The applicant cannot be confirmed as a volunteer until this reference information form is completed on both sides and returned. This information will be kept confidential.

Your Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you known the applicant? (minimum of one year) _____

Do you feel you know the applicant well enough to give a reference? _____

In what capacity do you know the applicant? _____

Describe the applicant's strengths: _____

Describe any areas of concern about the applicant: _____

How does the applicant respond to supervision? _____

Do you have any reservations about this individual working with children, adolescents or elderly patients? _____

Describe the applicant's follow-through and commitment: *(a minimum commitment of 4-hours once a week for 6 months)* _____

Is the applicant capable of keeping information confidential? _____

Would you recommend the applicant for acceptance in the program, and why? _____

COMMENTS: Please include anything you know about the applicant, which may qualify or disqualify him/her for the position.

Thank you for your assistance.

Sincerely,

St. Anthony Medical Campus
Volunteer Services
11600 W. 2nd Place
Lakewood, CO 80228

Email address: geoffreydavies@centura.org