

North Oaks Health System

VOLUNTEER REFERENCE FORM

The mission of North Oaks Health System is to provide responsible, quality, friendly, personalized health care. Volunteers play a large role in delivering quality service by serving in a variety of positions throughout the organization. Volunteers must possess self-motivation and maturity. This form assesses the applicant's ability to fulfill the responsibilities involved in volunteer programs.

An applicant has listed you as a reference. Please return the completed reference directly to the applicant in a sealed envelope. If you have any questions or additional comments that you'd like to share privately, please call the Volunteer Services office at (985) 230-6811.

Name of Applicant _____

Have you known the applicant for at least 1 year? _____ How Long? _____

In what capacity? _____

Please rate the applicant in the following areas, with "1" being the best possible:

- | | |
|----------------|----------------------|
| 1. Outstanding | 3. Fair |
| 2. Very Good | 4. Needs Improvement |

1. Displays courtesy, tact and patience.	1	2	3	4
2. Works well with others.	1	2	3	4
3. Shows interest and enthusiasm.	1	2	3	4
4. Accepts supervision in a positive way.	1	2	3	4
5. Seeks opportunities to improve and advance.	1	2	3	4
6. Accepts responsibility and commitment.	1	2	3	4
7. Is dependable and punctual.	1	2	3	4
8. Can maintain the confidentiality needed in a hospital setting.	1	2	3	4

Do you recommend the applicant for a volunteer position? Please check one.

_____ Highly Recommend	_____ Recommend
_____ Some Reservations	_____ Sorry, Cannot Recommend

Reference's Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

