



Applicant Reference Form

Last Name _____ First Name _____ Middle _____
Initial _____

This form cannot be completed for your child or relative. All information you provide will be confidential.

The above individual is applying for a volunteer position with La Porte/Starke Hospital. Please be candid in your assessment of the applicant. If you have any questions, please call the La Porte/Starke Hospital Volunteer Services office at 219.326.2338.

When you have completed this form, please place it in a sealed envelope and return it to the applicant.

- 1. How long have you known the applicant and in what capacity?
2. How would you describe the applicant's character and personality?
3. Please describe the applicant's reliability and punctuality.
4. Are you aware of any physical or emotional considerations that would impact the applicant's success as a volunteer?
5. What are the applicant's greatest strengths? What are the applicant's limitations, if any?

6. Please read the following statements about the applicant and indicate your choice based on your experience.

Table with 6 columns: Statement, Strongly Agree, Somewhat Agree, Do Not Know, Somewhat Disagree, Strongly Disagree. Rows include: Is open to new people and experiences, Demonstrates initiative and dedication, Is able to follow directions, Adapts well to changing circumstances, Shows a strong sense of responsibility, Works well as part of a team, Has strong communication skills.

7. To what extent do you recommend the applicant for a volunteer position?

- No reservations, Some reservations, Significant Reservations

Why: _____

REFERENCE INFORMATION:
Your Name (Last, First, MI): Telephone:
Profession/Title: Email Address:
Address: City: State: Zip Code:
Signature: Date: