

JUNIOR VOLUNTEER REFERENCE FORM

Duke University Hospital

Must be included with application packet and brought to student interview. Please do not mail form.	
Instructions	
THIS FORM IS STRICTLY CONFIDENTIAL Your name has been given as a character reference for the student named below who is applying for the Junior Volunteer with Duke Health. Please complete and return form directly to the student in a sealed envelope with your signature across the back of the envelope or email form to duhs_volunteer_services@duke.edu before March 6, 2019. If emailing, list "Reference for student's name (last name, first name)" in subject line.	
Student name (please print)	
How do you know this person?	
How long have you known this person?	
Which extraordinary skills and/or attributes does this person have that may contribute to his/her service as a volunteer? Please enter a rating for this applicant on a scale of 1 to 4 (4=Excellent, 3=Good, 2=Neutral, 1=Poor) on the following attributes. Maturity / Good Judgement Has a Positive Attitude Honest / Trustworthy Dependable Demonstrates Initiative Ability to follow instructions Ability to treat individuals with patience, respect and compassion Do you know of any reasons why this individual should <u>not</u> be accepted as a Junior Volunteer? If yes, please explain.	
Signature	
Reference Name (please print) Reference Signature	
Name of Organization (please print) Phone # Email	
Questions? Contact Volunteer Services Duke University Hospital dubs volunteer services@duke.edu 919-681-6088	