

Duke University Hospital Volunteer Services Request for Reference

Instructions for *Volunteer*:

- This is an editable PDF document. Complete Applicant Information section and forward to the person completing your reference.
- Family members cannot serve as references.
- You must obtain 2 references in order to be considered for the Duke Hospital Volunteer Program.

Instructions for *Reference*:

- Your name has been given as a character reference for the person named below who is applying to a Duke Hospital Volunteer Program.
- Please complete and return reference form directly to the volunteer applicant in a sealed envelope with your signature across the back of the envelope
- If more space is needed, please use another sheet of paper.

Volunteer Applicant Information

Applicant First Name:

Applicant Last Name:

Volunteer Program:

Reference Information

In what capacity have you known the Volunteer applicant, and for how long?

Briefly, how would you describe the applicant?

What strengths do you believe the applicant will bring to this position as a volunteer?

What do you think may be the applicant's greatest challenge in volunteering here?

We have very strict policies on confidentiality for our volunteers, do you think the applicant will be able to understand and follow these policies? Why or why not?

On a scale of 1 to 5, 1 being Poor and 5 being Excellent, rate the applicant on the following:

Ability to work in a team	Organizational Skills	Communication
Use of conflict resolution skills	Ability to work independently	Honesty/Integrity
Flexibility	Ability to take direction	Multi-Tasking Skills
Dependability		

Would you have this applicant volunteer with your organization or business? Why or why not?

Completed By -- *I VERIFY THE ABOVE INFORMATION TO BE CORRECT*

Printed Name:

 Email:
Phone #:

Signature:

Date: