



SCHOOL OFFICIAL/TEACHER REFERENCE FORM

Duke Raleigh Hospital
(including Duke Wake County Cancer Center locations)

For Junior Volunteer		
Must be included with application packet and brought to student interview. <i>Please do not mail form.</i>		
Instructions		
<p>THIS FORM IS STRICTLY CONFIDENTIAL</p> <p>Your name has been given as a character reference for the student named below who is applying for the Duke Raleigh Junior Volunteer Summer Program.</p> <p>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 drah_volunteerservices@dm.duke.edu before April 3, 2020.</p> <p>If emailing, list "Reference for student's name (last name, first name)" in subject line.</p>		
Student name (please print)		
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.		
1 2 3 4	Maturity / Good Judgement	
1 2 3 4	Has a Positive Attitude	
1 2 3 4	Honest / Trustworthy	
1 2 3 4	Dependable	
1 2 3 4	Demonstrates Initiative	
1 2 3 4	Ability to follow instructions	
1 2 3 4	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 School (please print)	Phone #	Email
Questions? Contact Volunteer Services		
Duke Raleigh Hospital	drah_volunteerservices@dm.duke.edu	919-954-3887