

MERCY SAN JUAN MEDICAL CENTER
VOLUNTEER SERVICES

VOLUNTEER REFERENCE

_____ has applied for a volunteer position at Mercy San Juan Medical. Please complete the form below and return it as soon as possible. All information provided is strictly confidential.

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. How would you rate the applicant on the following? Place an "X" in the appropriate box.

	Below Average	Average	Above Average	Do Not Know
Ability to work with children				
Ability to work with persons with disabilities				
Attendance				
Dependability				
Ability to take initiative				
Ability to accept direction				
Emotional Maturity				
Overall Impression				

4. Is there anything about this person that you feel would exclude them from being a volunteer?
5. Please indicate the strength of your overall recommendation by circling your choices below.
Highly Recommend --- Recommend --- Recommend with Reservation --- Not Recommended
6. Do you have any additional comments as to the character of the applicant?

Your Title and Name _____
Business Name (if applicable) _____
Phone (daytime) _____
Mailing Address _____
Signature _____

Please return this form to:
Volunteer Services
Mercy San Juan Medical Center
6401 Coyle Avenue, Suite 410
Carmichael, CA 95608
(916) 537-5298