



# Volunteer Reference Request

**YOU MUST SUBMIT 2 REFERENCES!**

\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
Name of person giving reference

\_\_\_\_\_  
Relationship to the volunteer

\_\_\_\_\_  
Telephone # of reference

\_\_\_\_\_  
Address of reference

The volunteer application completed by the above named volunteer gives WCA Hospital written permission to conduct a reference investigation. You were listed as a source from which we could obtain some information on his/her personality, character, and/or work ethics. Your cooperation in providing the following information would be most helpful and appreciated.

What are the applicant's strong points?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the applicant's weak points?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the applicant in the following areas:

	VERY GOOD	GOOD	FAIR	POOR
Communication Skills				
Attendance				
Attitude				
Dependability				
Initiative				
Ability to function as a team player				

Would you recommend this individual as a volunteer? YES NO

Signature \_\_\_\_\_ Date \_\_\_\_\_