



Volunteer Services Department

Reference Form

University Hospitals Cleveland Medical Center Volunteer Services Department would appreciate your assistance in providing us with a written reference for the volunteer applicant listed below.

I _____ have applied for a volunteer position at University Hospitals Cleveland Medical Center and have given your name as a professional reference. I give permission for the release of the reference information to University Hospitals Cleveland Medical Center. I hereby release my references, my former employers and all institutions/organizations for which I have volunteered or am currently volunteering from all liability for furnishing this information. A copy of this authorization is as valid as the original.

Applicant Signature: _____ Date: _____

Phone Number: _____ E-mail _____

.....

Name of Reference: _____

Organization Name: _____

Address: _____

City/State/Zip: _____

Telephone :
Day: _____ Evening: _____

E-mail address: _____

- 1) How long have you known the applicant?
- 2) In what capacity do you know the applicant?
(Professional references only – friends and family members can't complete this form.)
- 3) The applicant may be working with children, seniors or other vulnerable populations. Do you have any reservations about him/her working in this capacity? If yes, please explain.

4) What do you consider to be the applicant's character strengths and how have they been demonstrated?

5) In what areas do you feel the applicant needs improvement?

Have you discussed these issues with the applicant? Yes_____ No_____

6) Please circle the number in the scale that reflects your opinion of the person. Few people will fall in the highest or lowest categories. Please use these extremes to indicate significant impressions about the person.

	LOW		AVERAGE		HIGH
Compassion for other people	1	2	3	4	5
Interpersonal communication and listening	1	2	3	4	5
Flexibility	1	2	3	4	5
Respect of diverse lifestyles, cultures, religions	1	2	3	4	5
Emotional health and boundaries	1	2	3	4	5
Dependability	1	2	3	4	5
Judgment and problem-solving skills	1	2	3	4	5

7) Is there anything else you would like to add concerning the applicant?

8) I authorize you to share this information with the candidate. Yes_____ No_____

Reference Signature _____ Date_____

**Please return this form to
UHClevelandVolunteer@UHHospitals.org
The form can also be returned by fax to 216.844.8796.**

**Volunteer Services Department
University Hospitals Cleveland Medical Center
11100 Euclid Avenue
Wearn 133
Cleveland, OH 44106
216-844-1504**