

Dear Reference,

_____ has applied to be a volunteer with the University Hospitals Bedford/Richmond Medical Center, a Campus of UH Regional Hospitals, and has given your name as a reference. This reference form is required as part of his/her acceptance as a volunteer and your time in completing this form is appreciated.

This form will be kept confidential by the University Hospitals Volunteer Services. Your comments will be held in strict confidence and will not be shared without your permission.

If you have any questions, please feel free to contact our office at 440-735-4774 (Bedford) 440-585-6431 (Richmond).

Thank You,

Tracy Shrader
Coordinator, Volunteer Services

For the Reference to Complete

Every volunteer must be able to support patients, family members and visitors in a positive and compassionate manner, while maintaining emotional boundaries. We would appreciate any information that you can share to help us determine the suitability of this person to serve as a volunteer. Please provide an honest and complete summary of your impressions of the applicant.

1. How long have you known the applicant? _____
2. In what capacity do you know the applicant? _____
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? _____

University Hospitals Bedford/Richmond Medical Center
A Campus of UH Regional Hospitals
Volunteer Services Department
 Volunteer Reference Form

5. Please circle the number in the scale that reflects your opinion of the person. Few people will fall into 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

6. Is there anything else you would like to add concerning the applicant? _____

7. I authorize you to share this information with the candidate. Yes No _____

 (Please print name)

 (Signature and Date)

Thank you for taking the time to complete this form.

Volunteer Services
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 Bedford, OH 44146
 University Hospitals Richmond Medical Center
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 Richmond Hts, Oh 44143
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