



## 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**