

## REFERENCE FORM

Applicant's Name:	
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The person named above has applied for a volunteer position within the University of Michigan Health System. The Health System offers a variety of volunteer opportunities that include working with infants, children and the elderly. It will help us a great deal if you would carefully answer the following questions to the best of your knowledge and return this form to our office as soon as possible. **The information you provide will be held in the strictest confidence.**

1. How do you know the applicant or in what capacity have you known the applicant?

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2. How long have you known the applicant? \_\_\_\_\_

3. How well do you know the applicant? **(Please circle one.)**

Very Well          Well          Average          Little          Very Little

4. How does the applicant approach people, cultures or lifestyles different from their own?  
With: **(Please circle all that apply)**

Open mindedness    Curiosity    Acceptance    Caution    Judgment

Other (please explain):

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5. Have you had a chance to see the applicant with children and/or elderly adults? Y\_\_\_ N\_\_\_  
If yes, how would you characterize their ability to interact with them?  
**(Please circle all that apply)**

Friendly          Well-liked          Impatient          Inconsistent          Flexible          Caring  
Understanding    Engaging          Creative          Dependable

Other (please explain):

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6. Are you aware of anything that would prevent the applicant from being an effective volunteer? If yes, please explain.

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7. Keeping in mind the importance of commitment, reliability, stability and good judgment, what overall recommendation do you give this applicant? (**Please check one**)

- My highest recommendation  
 I recommend  
 I recommend with reservations (please specify below)  
 I cannot recommend this person to your program (specify below)

Comments: \_\_\_\_\_

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Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return form to:**

**UMHS VOLUNTEER SERVICES**  
**L2616 Women's**  
**1500 E. Medical Center Drive**  
**Ann Arbor, MI 48109-5237**  
**734-936-9423 (fax)**  
[umhs.volunteer@umich.edu](mailto:umhs.volunteer@umich.edu)

**OR - Form may be returned to the Applicant, in a sealed, initialed envelope**

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