

REFERENCE FORM

Volunteer Applicant's Name:	
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The person named above has applied for a volunteer position within the University of Michigan Health System. UMHS 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 the applicant in a sealed and initialed envelope** as soon as possible. **Note:** References from immediate family members cannot be accepted. *The information you provide is held in the strictest of confidence.*

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

2. How long have you known the applicant (minimum of 6 months *required*)_____

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? **(Please circle all that apply)**

With: Open mindedness Curiosity Acceptance Caution Judgment

Other (please explain): _____

5. Have you observed the applicant interact with children and/or elderly adults?

Yes No

If yes, how would you characterize his/her ability to interact with them?

(Please circle all that apply)

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

Other (please explain): _____

UMHS Volunteer Services – Reference Form

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

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:

Printed Name : _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Please check this box **ONLY** if you wish to be contacted by UMHS Volunteer Services to share additional information regarding this applicant.

Please return the completed form *in a sealed and initialed envelope to the applicant.* Thank you!

APPLICANT: Bring your two reference forms to your scheduled Interview Appointment along with all other items on the Interview Checklist.

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