

South County Hospital Volunteer Reference Form

Applicants Name: _____ Email: _____

Reference #1: _____ Phone Number: _____

Relationship: _____ Years known: _____

Reference #2: _____ Phone Number: _____

Relationship: _____ Years known: _____

Indicate by checking off applicable boxes:

	Excellent	Good	Questionable	Unacceptable
Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a team or with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle frustration or stress on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you reemploy or work with again?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Comments: _____

References checked by: _____ Date: ___/___/___

BCI cleared on: _____