

**GOOD SAMARITAN REGIONAL MEDICAL CENTER
VOLUNTEER SERVICES DEPARTMENT
3600 NW Samaritan Drive, Corvallis, OR 97330**

REFERENCE FORM

Name of Applicant

The above named applicant has requested you to write a reference for a volunteer application. The applicant must include this completed reference form with their application. Please complete the areas which you feel comfortable commenting upon. Thank you for your assistance.

How long have you known the applicant?

From _____ to _____
(month/year) (month/year)

In what capacity or job?

Please complete the following:

	<u>Optimal</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
1. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interaction with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Would you work with this person again? Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Please share any additional information that will support your evaluation of the applicant:
(Use reverse side or additional paper if needed.)

If applicable, my typed name below shall have the same force and effect as my written signature.

Signature _____
Date

Printed Name

Phone Home/Cell #: _____ Business/ Alternative Phone# _____

Address: _____