Atrium Health Stanly
Junior Volunteer (Age 18 and under)
Confidential Reference Form

To Whom It May Concern:

______________________________ has applied to the Volunteer Organization of Atrium Health-Stanly. Please return this completed and confidential questionnaire to:

Kim Mullis/Director Volunteer Services
301 Yadkin Street
Albemarle NC 28001

Rate from 1-5 based on the scale below:
5 – excellent, 4 – above average, 3 – average, 2 – below average, 1- unacceptable

<table>
<thead>
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<th>Characteristic</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<td>Neatness in appearance</td>
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<td>Academic performance</td>
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<td>Willingness to follow Directions</td>
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<td>Ability to meet people</td>
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<td>Maturity of judgment</td>
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<td>Attitude</td>
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<td>Initiative</td>
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<td>Ability to accept responsibility</td>
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______________________________   _____________________________
Name                           Professional Title
Phone Number________________________

Circle length of time you have known applicant: less than 2 yrs.  2-4 yrs.  4+yrs.
In what capacity?_________________________________________________________

I recommend: ___highly      ____moderately     ____somewhat     ____not at all

Comments:_________________________________________________________________
Atrium Health Stanly
Adult Volunteer (Age 19 and over)
Confidential Reference Form

Name of Applicant_________________________________________________

How long have you known the applicant?_______________________________

In what capacity, have you known the applicant?_________________________
________________________________________________________________

Describe the applicant’s reliability and willingness to make a commitment to schedule volunteer hours, whether weekly, monthly, etc.__________________________________
________________________________________________________________________
________________________________________________________________________

Do you think the applicant can maintain the confidentiality needed in a hospital setting?
________________________________________________________________________

Would you recommend the applicant for placement with CMC-Union?_______________

Additional Comments:_________________________________________________________
________________________________________________________________________
________________________________________________________________________

__________________________________
Name (Please Print)

__________________________________  ___________________
Title/Relation to Applicant  Phone Number

__________________________________  ___________________
Signature  Date

Please return completed reference form to:

Kim Mullis/Director Volunteer Services
301 Yadkin Street
Albemarle NC 28001