

**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

Neatness in appearance	5	4	3	2	1
Academic performance	5	4	3	2	1
Willingness to follow Directions	5	4	3	2	1
Ability to meet people	5	4	3	2	1
Maturity of judgment	5	4	3	2	1
Attitude	5	4	3	2	1
Initiative	5	4	3	2	1
Ability to accept responsibility	5	4	3	2	1

\_\_\_\_\_  
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