

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

To Whom It May Concern:

\_\_\_\_\_ has applied for membership in the Volunteer Organization of Atrium Health Union/Waxhaw/Anson. Please return this completed and confidential questionnaire to:

*Jane Bess, Volunteer Manager*  
*Atrium Health Union,*  
*P.O. Box 5003, Monroe, NC 28111-5003*

**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**

**Atrium Health Union**  
**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 Atrium Health Union? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title/Relation to Applicant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed reference form to:

*Jane Bess, Volunteer Manager  
Atrium Health Union,  
P.O. Box 5003, Monroe, NC 28111-5003*