



# Carolinan HealthCare System

## Volunteer Reference Form

Name of applicant: \_\_\_\_\_

Please complete this reference form in regard to the applicant's suitability to become a volunteer at Carolinas HealthCare System Lincoln. We appreciate your honest opinion and hope that you will feel free to express any concerns that you may have. If you wish to further discuss any issues, please call (980) 212-6041. Thank you for your assistance.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please describe any special skills, strengths and abilities this applicant will bring to the volunteer program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consider the applicant a responsible/dependable person? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

Please rate his or her maturity level: (low) 1    2    3    4    5 (high)

Does the applicant express willingness to work in the healthcare field?

Would you recommend the applicant as a volunteer for Carolinas HealthCare System Lincoln Why or why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_