

**Carolinas Medical Center-Union
Junior Volunteer (Age 18 and under)
Confidential Reference Form**

To Whom It May Concern:

_____ has applied for membership in the Volunteer Organization of Carolinas Medical Center-Union. Please return this completed and confidential questionnaire to:

*Jane Bess, Volunteer Coordinator,
CMC-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
Phone Number _____ Professional Title

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: _____

REVERSE PAGE FOR ADULT VOLUNTEER

**Carolinas Medical Center-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 CMC-Union? _____

Additional Comments: _____

Name (Please Print)

Title/Relation to Applicant

Phone Number

Signature

Date

Please return completed reference form to:

*Jane Bess, Volunteer Coordinator,
Carolinas Medical Center-Union,
P.O. Box 5003, Monroe, NC 28111-5003*

REVERSE PAGE FOR AGES 18 AND UNDER