



# Volunteer Reference Form

Applicant Name \_\_\_\_\_

Your reference is important in helping us decide whether to accept this applicant as a volunteer. Please take a few minutes to let us know how you perceive this candidate in each of the following categories and write a statement with your final recommendation to us. We will not share any of your responses with the applicant.

Category	Excellent	Very Good	Average	Fair	Poor	Not Observed
Work with Children						
Fulfill commitments						
Attendance						
Relates to diverse populations						
Emotional Maturity						
Verbal Communication						
Take Initiative						
Courtesy/ Politeness						
Follow Instructions						
Manage Stressful Situations						
Enthusiasm						

*Please circle a final rating and explain in detail below.*

Recommend Strongly    Recommend    Recommend with Reservation    Do not Recommend

Comments (may continue on back) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference Name/ Title \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Date \_\_\_\_\_ (      ) \_\_\_\_\_  
 Phone Number

Please Return To:  
 MUSC Children's Health  
 Volunteer Services  
 165 Ashley Avenue  
 MSC 332  
 Charleston, SC 29425  
 Email: [fullerme@musc.edu](mailto:fullerme@musc.edu)  
 Fax: 843-792-8860