



REFERENCE CHECK

Three personal reference forms need to be complete and uploaded in the 'Documents' section of the electronic volunteer application.

Dear _____:

_____ filed an application to become a volunteer for Premier Health and has given your name as a personal reference.

We would appreciate you providing the information requested on this form and returning it to us at the address shown below.

For each characteristic that follows, check the box which most accurately describes the individual's behavior.

Characteristic	Excellent	Good	Fair	Poor	Remarks
Dependability					
Cooperation					
Initiative/Follow through					
Adaptability/Flexibility					
Communication Skills					
Interpersonal Skills					

How long and in what capacity have you known this individual?

Please comment on what you perceive to be this individual's strengths and/or weaknesses in relation to their potential effectiveness as a volunteer.

Additional Remarks:

All information will be held in the strictest confidence.

Signature

Date



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