

REFERENCE CHECK

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

Dear	_ .					
	file	d an applicati	on to become	a volunteer for	Premier Health and	d has given
your name as a personal						
We would appreciate you	u providing the	information	requested on t	his form and re	turning it to us at th	he address
shown below.	a providing the	momadom	requested on t	ins form and fo	tarring it to as at ti	10 add1033
SHOWH Delow.						
For each characteristic t	hat follows, ch	neck the box v	vhich most ac	curately describ	es 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 ca Please comment on what potential effectiveness a	nt you perceive			gths and/or wea	aknesses in relatio	n to their
Additional Remarks:						
All information will be he	eld in the strict	est confidenc	ce.			
Signature			Date			



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Dear	_:					
	file	d an annlicati	on to become	a volunteer for	Premier Health an	d has given
your name as a personal		а ап арриоан		a votantoci ioi	r rormor r roattir an	a nao givon
We would appreciate you	u providing the	information i	requested on t	nis form and re	turning it to us at ti	ne address
shown below.						
For each characteristic t	hat follows, ch	neck the box v	vhich most ac	curately describ	es the individual's	behavior.
Characteristic	Excellent	Good	Fair	Poor	Remarks	7
Dependability						
Cooperation						7
Initiative/Follow						1
through						
Adaptability/Flexibility						
Communication Skills						
Interpersonal Skills						
How long and in what ca	pacity have yo	u known this	ındıvıdual?			
Please comment on what potential effectiveness a		to be this ind	lividual's stren	gths and/or wea	aknesses in relatio	n to their
Additional Remarks:						
All information will be he	eld in the strict	est confidenc	e.			
Signature			Date			



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Dear	:					
	file	d an annlicati	on to hecome	a volunteer for	Premier Health an	d has given
your name as a personal		а ап арриоан		a votantoor for	r ronnor r roattir arr	a nao givon
We would appreciate you shown below. For each characteristic t					-	
Characteristic	Excellent	Good	Fair	Poor	Remarks	
Dependability	LACERTEIN	Good	I all	FOOI	Remarks	
Cooperation						
Initiative/Follow						
through						
Adaptability/Flexibility						
Communication Skills						
Interpersonal Skills						
Please comment on wha potential effectiveness a		to be this inc	lividual's stren	gths and/or wea	aknesses in relatio	n to their
Additional Remarks:						
All information will be he	eld in the strict	est confidenc	ee.			
Signature			 Date			