

Volunteer Reference

TO BE COMPLETED BY APPLICANT:

Attn: _____ (name of reference)

Company Name/ Relationship to applicant _____

Address _____

City _____ State _____ Zip _____

Reference Phone Number: _____

Applicant Name: _____

I have applied for a volunteer opportunity with Saint Mary's Health Care. Please complete this reference and return in the enclosed envelope. Thank you.

I voluntarily give Saint Mary's Health Care the right to make a thorough investigation of my past employment/volunteer and/or school activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I waive any rights I may have to written notice of the release of such information.

Signature: _____ Date: _____

TO BE COMPLETED BY INDIVIDUAL PROVIDING REFERENCE:

	Excellent	Good	Fair	Poor
Initiative				
Cooperation				
Quality of work				
Judgment				
Ability to Organize				
Efficiency				
Attendance				
Attitude				
Honesty				
Ability to Adjust				
Courtesy				
Character				

Dates of employment/volunteer work (if applicable): _____

Position Held (if applicable): _____

Resigned with notice Resigned without notice Discharged Other

Eligible for rehire? Yes No Signature: _____

Title/Relation to Applicant: _____

Comments: _____

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