

Confidential Volunteer Reference

Professional references are preferred (no relatives or personal physicians)

Name of the volunteer applicant: _____

To the reference: The person listed above has applied to become a University of Iowa Health Care volunteer. Please complete this form and email it directly to volunteerservices@uiowa.edu. Please note that reference forms sent by the applicant *are not confidential* and *cannot be accepted*.

How long have you known the applicant? _____ years, _____ months

What is your relationship with the applicant? _____

Please rank the applicant on a scale of 1 to 5 (1 – least positive, 5 – most positive):

This person has a high level of initiative	1	2	3	4	5	No Basis
This person has a high level of maturity	1	2	3	4	5	No Basis
This person has good people skills	1	2	3	4	5	No Basis
This person is able to work independently	1	2	3	4	5	No Basis
This person is dependable	1	2	3	4	5	No Basis
This person is punctual	1	2	3	4	5	No Basis
This person is trustworthy	1	2	3	4	5	No Basis
This person works well with others	1	2	3	4	5	No Basis
This person would be an asset to UI Health Care	1	2	3	4	5	No Basis

What are the applicant's strengths?

What are the applicant's weaknesses?

Are there any additional comments you would like to add?

Reference Name (please print): _____ Phone number: _____

Reference Signature: _____ Date: _____