

## Confidential Volunteer Reference

**(Professional references preferred. Please no relatives or personal physicians.)**

Name of Volunteer Applicant: \_\_\_\_\_

**To the Reference:** The person listed above has applied to be a volunteer at the University of Iowa Hospitals and Clinics. Please complete and place this form in an envelope **with your signature over the seal**, and return to the applicant. Applications are incomplete until a reference letter has been delivered to the Volunteer Services office in a signed and sealed envelope. As you complete this form, please note that volunteers in our program have both direct and indirect contact with patients.

How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

What is your relationship to the applicant? \_\_\_\_\_

**Please rank on a scale of 1 to 5, with 1 being the least positive, 5 being the most positive:**

This person has a high level of initiative	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 UIHC	1	2	3	4	5	No Basis

What is their attitude towards supervision?

What are their strengths?

What are their weaknesses?

Any additional comments you would like to add?

Reference Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(please print name)

Reference signature: \_\_\_\_\_ Date: \_\_\_\_\_