

GENERAL VOLUNTEER REFERENCE FORM

_____ applied to Brigham and Women's Hospital to be a volunteer. It is mandatory that all applicants submit two professional references. The applicant has selected you as a reference.

Please complete the following by checking the appropriate box and return the completed form to the applicant or email to Volunteer Program and Training Coordinator, Amy Almeida, aalmeida6@mgb.org.

	Excellent	Very Good	Average	Fair	Poor
Promptness					
Initiative					
Emotional Maturity					
Communication Skills					
Demeanor/Disposition					
Ability to work on a team					
Ability to understand and follow policies and procedures					
Ability to fulfill commitments and responsibilities					
Ability to follow instructions					

Additional comments: (Please Print)

Name and Title _____

Signature: _____ Date: _____

Relationship to the prospective volunteer _____

Company/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Thank you for your time.