

Medical Career Exploration Program Volunteer Applicant Reference Form

Volunteer Applicant Full Name: _____

The person listed above has applied to be a volunteer in Brigham and Women's Hospital Medical Career Exploration program. Please take a few moments to tell us your experiences with the applicant. This will help us evaluate the applicant's abilities and suitability for this type of volunteer program.

Please return the completed form to Amy Almeida (aalmeida6@mgb.org).

	Outstanding Strength	Strength	Competent	Needs Improvement	Weakness/Not Developed
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					

In what Capacity have you known the applicant? And for how long?

Did the applicant exhibit professional behavior (ie, conduct, discretion, punctuality, appearance, skills, etc.,)?

How would you describe his/her judgment under normal conditions?

How would you describe his/her judgment under stressful conditions?

Do you believe the applicant would succeed in a stressful and busy hospital environment? Please Explain.

Name: _____

Title: _____

Signature: _____

Date: _____

Relationship to the prospective volunteer:

Company/Organization: _____

Address: _____ City: _____ State: _____

Zip: _____

Phone: _____ FAX: _____

Email: _____

Thank you for your time.