Office for Sponsored Staff and Volunteer Services

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 Kelsey Craig at (Kcraig5@bwh.harvard.edu).

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<th>Outstanding</th>
<th>Strength</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Weakness/Not Developed</th>
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<td>Promptness</td>
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<td>Initiative</td>
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<td>Emotional Maturity</td>
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<td>Communication Skills</td>
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<td>Demeanor/Disposition</td>
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<td>Ability to work on a team</td>
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<td>Ability to understand and follow policies and procedures</td>
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<td>Ability to fulfill commitments and responsibilities</td>
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<td>Ability to follow instructions</td>
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</table>

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.