

Volunteer Program Recommendation

The following individual has applied to be a volunteer at Reading Hospital and has submitted your name as a personal reference. Please complete this form and return to the candidate.

(To be completed by the Applicant)

Applicant's Name _____ Date _____

Address _____

Zip Code

Phone _____

Area Code

(To be completed by the Personal Reference)

Personal Reference's Name _____

Title / Position _____

School or Employer _____

Address _____

Zip Code

Best Contact Phone _____ Email _____

Area Code

Please grade the Applicant by checking the appropriate box for each of the areas indicated here. Please **DO NOT** mark all boxes excellent.

	Excellent	Good	Fair	Needs Improvement
Leadership				
Teamwork				
Listening Skills				
Articulation (ability to communicate ideas clearly)				
Dependable/Reliable				
Personal Presence (personality, energy)				
Awareness of/and enthusiasm for the program				

Volunteer Program Recommendation

How long have you known this applicant and in what capacity?

***MANDATORY:** Please use this space to add additional comments or recommendation. All information you provide will be considered.

Overall Recommendation: Recommend Do NOT Recommend

Signature of Personal Reference

Date