

JUNIOR VOLUNTEERS

Reference Form



Beckley ARH Hospital Volunteer Services would appreciate your assistance in providing us with a written reference for the junior volunteer applicant listed below.

I, _____ have applied for a junior volunteer position at Beckley ARH Hospital and have given your name as a reference. A copy of this authorization is as valid as the original.

Applicant Signature: _____ Date: _____

Phone Number: _____ E-mail: _____

Name of Reference: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

1. How long have you known the applicant?

2. In what capacity do you know the applicant? *(e.g., friend, family, church, school, etc.)*

3. What do you consider to be the applicant's character strengths and how have they been demonstrated?

4. Please circle the number in the scale that reflects your opinion of the person. (1 is lowest; 5 is highest). Few people will fall in the highest or lowest categories. Please use these extremes to indicate significant impressions about the person.

Compassion for other people	1	2	3	4	5
Interpersonal communication and listening	1	2	3	4	5
Flexibility	1	2	3	4	5
Respect of diverse lifestyles, cultures, religions	1	2	3	4	5
Dependability	1	2	3	4	5
Judgment and problem-solving skills	1	2	3	4	5

5. Is there anything else you would like to add concerning the applicant?

Reference Signature: _____ Date: _____

Mail Completed Reference to:

OR

**Volunteer Coordinator
Beckley ARH Hospital
306 Stanaford Road
Beckley, WV 25801**

Fax Completed Reference to:

304-254-2771

Number to call with any questions:

304-254-2608