



Porter Hospital Applicant Reference Form

Last Name _____ First Name _____ Middle Initial _____

This form cannot be completed for your child or relative. All information you provide will be confidential.

The above individual is applying for a volunteer position at Porter Regional Hospital. Please be candid in your assessment of the applicant. If you have any questions, please call Amy Newman at 219.325.5418.

When you have completed this form, please place it in a sealed envelope and return it to the applicant.

1. How long have you known the applicant and in what capacity?

2. How would you describe the applicant's character and personality?

3. Please describe the applicant's reliability and punctuality.

4. Are you aware of any physical or emotional considerations that would impact the applicant's success as a volunteer?

5. What are the applicant's greatest strengths? What are the applicant's limitations, if any?

6. Please read the following statements about the applicant and indicate your choice based on your experience.

	Strongly Agree	Somewhat Agree	Do Not Know	Somewhat Disagree	Strongly Disagree
Is open to new people and experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates initiative and dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts well to changing circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows a strong sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has strong communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. To what extent do you recommend the applicant for a volunteer position?

- No reservations Some reservations Significant Reservations

Why: _____

REFERENCE INFORMATION:

Your Name (Last, First, MI):		Telephone:	
Profession/Title:		Email Address:	
Address:	City:	State:	Zip Code:
Signature:		Date:	