

Stanford Hospital & Clinics

PARTNERS IN CARING

Volunteer Reference Check

_____ (print applicant's name) has applied to volunteer at Stanford Hospital & Clinics and has asked you to be a reference. Please take a few moments to answer the following questions. Thank you for your time and honesty. *Please return this form to the applicant.*

Reference's Name (print): _____

1. How do you know the applicant? _____

2. For how long? _____
3. How does the applicant relate to peers and co-workers? _____

4. How would you characterize the applicant's interpersonal skills? Does this person have the ability to make people feel comfortable around them? Please provide a few examples: _____

5. Is the applicant responsible? (e.g. Do they arrive on time? Do they complete assigned projects in a timely manner?) _____

6. How would you assess the quality of this person's work? _____

7. Do you have anything else to add that would help us in making a decision?

Reference's Signature: _____

Phone number: _____ Date: _____

Rev. 12/04 Additional comments may be written on the back of this page.

If you have questions about the Partners in Caring Program, please contact the Program Director at (650) 725-4137.

Please return this form to:

MAIL: Partners in Caring
Attention: Candace Mindigo
Stanford Hospital & Clinics
1101 Welch Rd, C1
Palo Alto, CA 94304-5362

Fax: (650) 736-4186