

Reference

St. Joseph Hospital

Department of Volunteer Services

(Reference must be someone who is 21 years or older, has known you for more than a year and is not a relative.)

Applicant's Name _____

Name of Reference _____ Phone # _____

In what capacity do you know applicant? _____

How long have you known applicant? _____

Please evaluate the applicant by rating the following qualities/skills according to the scale where 1 = outstanding, 2 = satisfactory, 3 = unsatisfactory, 4 = do not know

_____ Interpersonal skills

_____ Dependability

_____ Judgment

_____ Initiative

_____ Cooperation

_____ Adaptation to new situations

_____ Takes pride in his/her work

_____ Communication skills

_____ Responsibility

_____ Honesty

Additional comments/concerns: _____

I recommend this applicant with _____ no _____ some _____ a lot of reservations.

Completed by: _____ Date: _____

Thank You!

**Please return to Volunteer Services, St. Joseph Hospital, 172 Kinsley Street,
Nashua, NH 03060 Fax 598-3344**