

Personal Reference Request

(Family members or individuals who share the applicant's household may not serve as references.)

Applicant's Name: _____

Date: _____

The person named above has applied to Prince William Health System for a volunteer position. This program requires individuals who are dependable, punctual, motivated, personable, and cooperative. Personal neatness and the ability to accept and follow instructions are also needed. The individual must understand and honor the hospital's policy on patient privacy and must respect and keep confidential all information concerning patients and the hospital. Thank you for your prompt attention to this and please return to the Prince William HealthCare Auxilliary Volunteer Office within a week.

Instructions: Please evaluate the candidate on each of the following:

Characteristic	Excel.	Good	Fair	Poor
Dependability				
Punctuality				
Trustworthiness, honesty, integrity				
Initiative				
Respect for others				
Ability to work as a team player				
General appearance				
Ability to problem-solve				
Flexibility				
Oral communication skills				
Written communication skills				

Should you wish to comment further, please do so on the bottom and back of this form.

How long have you known the applicant? _____ In what capacity? _____

May we call you? _____ Best time(s) to reach you. _____

Home phone: () _____ Work phone: () _____ Ext. _____

E-mail address: _____ Cell/pager () _____

Printed name: _____ Signature: _____

Fax to: 703-369-8728

OR

Mail to: Director of Volunteer Services
 Prince William Health System
 8700 Sudley Road
 Manassas, VA 20110

Comments: _____

