

TidalHealth Volunteers

Volunteer - Confidential Reference Form

_____ (*applicant to fill in name*) has applied for a volunteer position at TidalHealth. Volunteers must possess self-motivation, dependability, good character, and be able to work with people of all ages and cultures. We would appreciate you completing this reference form and returning it so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program. This can be mailed, faxed, or emailed. **All information supplied will be kept confidential.**

How long have you known this individual?

In what capacity do you know this individual?

What special qualities does this individual possess that would make them a good Volunteer?

Do you have any reservations about recommending the applicant for placement in a healthcare setting such as ours? YES or NO If YES, please explain:

How well does the applicant interact with individuals who are from backgrounds different than their own?

How would you rate the applicant's interpersonal skills?

THIS CONFIDENTIAL REFERENCE WAS COMPLETED BY:

Name (*please print*): _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

THIS FORM CAN BE RETURNED BY

EMAIL: kelly.novak@tidalhealth.org

FAX: (410)-677-6644

MAIL: TidalHealth Volunteers • 100 E. Carroll St • Salisbury, MD 21801