

## Volunteer Applicant Reference Form

Volunteer Applicant Full Name: \_\_\_\_\_

The person listed above has applied to be a UHealth volunteer. Please take a few moments to tell us your experiences with the applicant. This will help us evaluate the applicant’s abilities and suitability for this role. Please return the completed form to [Integrativehealthservices@miami.edu](mailto:Integrativehealthservices@miami.edu)

	<b>Outstanding Strength</b>	<b>Strength</b>	<b>Competent</b>	<b>Needs Improvement</b>	<b>Weakness/ Not Developed</b>
<b>Promptness</b>					
<b>Initiative</b>					
<b>Emotional Maturity</b>					
<b>Communication Skills</b>					
<b>Demeanor/Disposition</b>					
<b>Ability to work on a team</b>					
<b>Ability to understand and follow policies and procedures</b>					
<b>Ability to fulfill commitments and responsibilities</b>					
<b>Ability to follow instructions</b>					

**In what Capacity have you known the applicant? And for how long?**

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**Did the applicant exhibit professional behavior (ie, conduct, discretion, punctuality, appearance, skills, etc.)?**

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**How would you describe his/her judgment under normal conditions?**

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**How would you describe his/her judgment under stressful conditions?**

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**Do you believe the applicant would succeed in a stressful and busy hospital environment?  
Please Explain.**

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**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to the prospective volunteer:** \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Thank you for your time.**