



UC Irvine Medical Center Volunteer Services Department

Reference Form

_____ has provided your name as a reference for a position as a volunteer at UC Irvine Health. UC Irvine Health offers a wide range of volunteer opportunities working with patients, families and staff. It would be greatly appreciated if you would answer the following questions to the best of your knowledge.

1. What words would you use to describe the applicant's personality?

2. How does/would the applicant approach people and those with cultural, languages or lifestyles different from their own?

3. Do you feel this applicant with patients, family members and/or other guests who may be upset, frustrated, anxious and/or in an unfamiliar setting? How well do you think they could interact with all age groups?

4. Please rate the applicant in each of the following areas using this scale:

1 = Poor; 2 = Fair; 3 = Average; 4 = Very Good; 5 = Excellent; NA = Unknown

Promptness		Reliability		Initiative	
Emotional Maturity		Communication Skills		Honesty	
Respectful		Team Player		General Appearance	
Ability to follow instructions		Demeanor/Disposition		Ability to fulfill commitments/responsibility	

5. Please check one box below:

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with some reservations (please specify below)
- I do not recommend this applicant (please tell us why)

Additional comments:

Your name:

Your relationship to the applicant:

How long have you known the applicant?

Email address: _____ Phone: _____

Signature: _____

Please return via fax or email to:

UC Irvine Medical Center

Attn: Sandra Serrano, Volunteer Services

Fax: 714-456-6010 / Email: serrano@uci.edu