

Volunteer Applicant Recommendation

Applicant Instructions:

1. Fill in your name below and give this to two people who are providing your recommendation. **Any non-relative** can complete the recommendation, (i.e.: an employer, a school counselor or advisor, a teacher, pastor or other professional acquaintance).

Signature of Applicant _____

Printed Name of Applicant _____

Reference Instructions:

1. The person named above has applied to be a volunteer at Good Samaritan Medical Center. Your honest assessment will be greatly appreciated. This information is kept confidential.
2. Please provide answers to the following questions and return this form to:

Good Samaritan Medical Center
Volunteer Services
200 Exempla Circle
Lafayette, CO 80026

Email: peaks_gsmc.volunteers@imail.org or katrina.gebhart@imail.org

Name: _____

Phone Number: _____

Relationship to applicant: _____

How long have you known the applicant?: _____

Signature: _____ Date: _____

1. How does the applicant generally get along with others? Please elaborate on observed social skills.

2. How could the applicant's strengths be utilized as a volunteer?

3. What areas of opportunity does this applicant have in the areas of growth and development?

4. Please check the appropriate box for each category:

	Poor	Fair	Good	Excellent	Unknown
Attendance/Punctuality					
Dependability					
Professionalism					
Responsibility					
Integrity/Honesty					
Commitment					
Compassion					
Respect					

5. Please check one:

- I would strongly recommend this applicant for a volunteer position.
- I would recommend this applicant for a volunteer position.
- I would recommend this applicant with reservations. (Please explain below)
- I would not recommend this applicant. (Please explain below)

Additional Comments: