Volunteer Services – Reference for Adult Volunteer

Fairview Northland Medical Center requires **TWO** references be on file with your application (please do not ask family to provide your references). Please provide this questionnaire to each of your references and ask them to **return it promptly** to: Volunteer Services at Fairview Northland Medical Center, 911 Northland Drive, Princeton, MN 55371, bekius1@fairview.org or fax to 763-389-6306.

*If you need more space for your answers, please write on the back or add additional pages.*

Volunteer Applicant’s Name ________________________________________________________________

Name of Reference ___________________________________________________________ Phone number __________________________

Relationship to applicant ___________________ How long have you known the applicant? ________________

Please describe your experience with the applicant’s track record of keeping commitments, ability to manage his/her schedule, and follow through on obligations. ____________________________________________

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Please comment on this applicant’s ability to take direction and initiative. _______________________

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Please describe the applicant’s ability to respectfully communicate with others and work as a team to resolve problems and provide exceptional service. ____________________________________________

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Why would you want to encounter the applicant if you were visiting or admitted to the hospital?

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**Signature of Reference** ________________________________ **Date** ________________________

3/2017