**Volunteer Services – Reference for Student Volunteer**

**Applicant:** If you are under the age of 18, please have a teacher or other community leader complete this reference form (please do not ask family or friends to provide your reference). We require **TWO** references be on file with your application.

**Parent/Guardian:** State and Federal legislation requires that schools must have parental consent to release information regarding students. Please sign this form if your son/daughter is under the age of 18 and plans to turn it in to a teacher or school counselor.

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<th>Parent/Guardian Signature</th>
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Volunteer Applicant’s Name ________________________________

Name of Reference ________________________________ Phone Number ________________________________

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

This student has applied to be a volunteer at Fairview Northland Medical Center. It will help us to evaluate the student’s abilities and suitability for this kind of volunteer work if you will answer the following questions. *If you need more space for your answers, please write on the back or additional pages.* **Return reference form to:** Volunteer Services at Fairview Northland Medical Center, 911 Northland Drive, Princeton, MN 55371, jbekius1@fairview.org or fax to 763-389-6306.

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