PERSONAL REFERENCE

Fairview Ridges Hospital 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 FRH, 201 East Nicollet Boulevard, Burnsville, MN 55337.

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

Volunteer applicant’s name ______________________________________________________

Referent’s name ___________________________ Date __________________________

Referent’s phone number (   ) __________________ Best time to call ______________

Relationship to applicant ______________________________________________________

I have known the applicant since ______________________________________________

Please tell us why you think the applicant would be a good volunteer in our hospital setting.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How would you describe your experience of the applicant’s ability to interact with others of similar and different backgrounds? ______________________________________
___________________________________________________________________________
___________________________________________________________________________

Please describe your experience with the applicant’s track record of keeping commitments and following through on obligations.______________________________________
___________________________________________________________________________
___________________________________________________________________________

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

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