

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?
