



Volunteer Reference Check Form
(To be completed by prospective adult volunteers only)

Volunteer Applicant's Name: _____

Choose one personal reference that is NOT a member of your family. Suggestions include: employers, professional and church affiliations, teachers, co-workers, etc. Ask them to fill it out and return it to the Volunteer Service Department either by way of mail or fax machine.

Mercy Medical Center's Department of Volunteer Services would appreciate your assistance in providing us with a written reference for the above mentioned individual. We thank you in advance for your time and cooperation.

Name of Reference: _____

Company/School Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

I, _____ have applied for a volunteer position at Mercy Medical Center and have given your name as a personal/professional reference. I give permission for the release of the reference information to Mercy Medical Center. I hereby release my personal reference, my former employers and all institutions/organizations for which I have volunteered, or are currently volunteering for, from all liability for furnishing this information. A copy of this authorization is as valid as the original.

Volunteer Applicant Signature _____ Date _____

Reference Signature _____ Date _____

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1. How long have you known the applicant?
2. In what capacity have you known the applicant?

Volunteer Reference Check Form cont.

3. What would you consider the applicant's character strengths to be? How have those strengths been demonstrated to you?

4. Would you recommend that the applicant volunteer in a hospital setting? If yes, would you recommend any specific area?

5. Please use the below scale to rate the applicant on the following traits:

	Poor	Fair	Average	Good	Superior
a. Dependability	1	2	3	4	5
b. Flexibility	1	2	3	4	5
c. Ability to work in a Team	1	2	3	4	5
d. Communication Skill	1	2	3	4	5
e. Honesty	1	2	3	4	5
f. Enthusiasm	1	2	3	4	5
g. Initiative	1	2	3	4	5

Please return this form to the Mercy Medical Center Volunteer Services Department within 5 days of the date listed above. This form can either be returned by way of mail or faxed.

**Mercy Medical Center
Volunteer Services Department
1320 Mercy Drive NW
Canton, Ohio 44708
Phone: 330-489-1106
Fax: 330-580-4794**