



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

Volunteer Applicant's Name: \_\_\_\_\_

***INSTRUCTIONS:** 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**