

Volunteer Reference Letter



Volunteer Applicant's Name _____

has applied to be a volunteer at JPS Health Network. Please complete the information below to the best of your ability. This will help us in determining the best volunteer placement.

Reference Name _____ Phone Number _____

Number of years you have known applicant _____ In what capacity? _____

Ability to	Excellent	Good	Average	Fair	Poor	Not Observed
Be prompt						
Work as part of a team						
Work independently						
Handle stressful situations						
Communicate effectively						
Pay attention to detail						
Perform tasks effectively						
Follow instructions, rules and procedures						
Get along with others – adults and peers						
Interact with and respect those with different backgrounds or beliefs than their own						
Accept criticism						
Resist peer pressure						
Show emotional maturity						
Exhibit compassion						

Additional comments

I **do** **do not** recommend this applicant as a volunteer for JPS Health Network.

I am not a member of the applicant's **immediate** family.

Name _____ Date _____

Thank you for taking the time to complete this form. Please return this reference letter promptly to the volunteer applicant.