



Reference Check for Volunteers

Section I

Applicant: Please fill out Section I below and give or mail this form to the person, other than a relative, who has known you for more than 1 year and would be willing to serve as a personal reference.

Applicant's Name: _____ Volunteer assignment applying for (if known): _____
 (Please PRINT)

I give my permission for the person completing this form to provide Catholic Medical Center with an opinion as to my suitability for a volunteer position with this organization.

 Signature of Applicant

 Today's Date

Section II

Reference provider: The person named above has applied to CMC to be a volunteer and has given permission to check references. We would sincerely appreciate your providing the information requested. Your answers will be regarded as confidential. Please fill out Section II below and mail this form to the CMC Volunteer Resources Department, 100 McGregor St, Manchester, NH 03102. Please complete the following information to the best of your knowledge.

How long have you known the applicant? _____

In what capacity have you know the applicant? _____
 (For example; Are you a friend, neighbor, co-worker, teacher, supervisor, acquaintance, etc?)

	Outstanding	Above Average	Average	Below Average	Unsatisfactory
Interpersonal Skills	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____
Work Quality	_____	_____	_____	_____	_____

The hospital environment is a fast paced and sometimes stressful environment. Please comment on your knowledge of this applicant's ability to function well in an environment such as this. (i.e. ability to work independently, level of supervision required, etc.)

Would you recommend the applicant for placement in a setting such as ours? _____

Keeping in mind that CMC's primary concern and responsibility is for the safety and well being of our patients, are there any reasons we should not consider this individual for volunteer service? _____

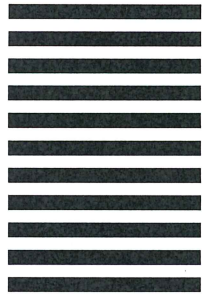
Are there any other comments you could make to help us in our decision to accept this applicant as a volunteer?

Your Name (Please PRINT): _____ Your Signature: _____

Today's Date: _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 7032 MANCHESTER NH

POSTAGE WILL BE PAID BY ADDRESSEE

VOLUNTEER RESOURCES DEPARTMENT
CATHOLIC MEDICAL CENTER
100 MCGREGOR STREET
MANCHESTER NH 03102-9920



City _____ State _____ Zip _____
Mailing Address _____
Name _____

Section III:

Catholic Medical Center
Volunteer Resources Department
100 McGregor Street
Manchester, NH 03102