



For Office Use Only

Received On: ____/____/____

Notes:

Volunteer Applicant Reference Form # 1

The person named below has applied for a volunteer position with Penn Medicine Princeton Health. Penn Medicine Princeton Health offers a variety of volunteer opportunities that include interacting with patients and dealing with confidential and sensitive information. It will help us a great deal if you would carefully answer the following questions to the best of your knowledge.

Please return this form by **one** of the following means:

1. Mail via USPS to: Volunteer Services, 1 Plainsboro Rd., Plainsboro, NJ 08536
2. E-mail to: volunteer@penmedicine.upenn.edu
3. Fax to: (609) 853-6011

Note: Reference must be someone other than a family member or friend. Examples include but are not limited to: supervisors, professors, volunteer managers, teachers and co-workers.

Instructions: Applicant: Complete section 1

Reference: Complete section 2

Section 1

Consent to release information:

I _____ hereby authorize _____
(name of applicant) (name of reference)

to complete this reference form in connection with my application to participate in the volunteer program with Penn Medicine Princeton Health. I also consent to the release of whatever information is requested to complete such form.

Date ____/____/____ Applicant Signature _____

Applicant's Phone Number: _____

Applicant's E-mail Address: _____

If the applicant is under the age of eighteen, a parent/guardian must sign below indicating that they have reviewed the above authorization with the teen volunteer and that they agree to the authorization.

Date ____/____/____ Parent/Guardian Signature _____

Section 2

1. How do you know the applicant or in what capacity have you known the applicant?

2. How long have you known the applicant? _____

3. How well do you know the applicant? (**Please check one**)

Very Well Well Average Little Very Little

4. How does the applicant approach people, cultures or lifestyles different from their own? (**Please check one**)

Open mindedness Curiosity Acceptance Caution Judgment

Other: (please explain) _____

5. Are you aware of anything that would prevent the applicant from being an effective volunteer?
If yes, please explain.

6. Keeping in mind the importance of commitment, reliability, stability, confidence and good judgment, what overall recommendation do you give this applicant? (**Please check one**)

My highest recommendation I recommend
 I recommend with reservations I cannot recommend this person to your program

Comments:

Printed Name: _____ Phone: _____

Address: _____

Signature: _____ Date: ____/____/____

Please check this box **ONLY if you wish to be contacted** by Volunteer Services to share additional information regarding this applicant.

We appreciate your assistance. If you have any questions, please contact us at 609.853.6010.



For Office Use Only

Received On: ____/____/____

Notes:

Volunteer Applicant Reference Form # 2

The person named below has applied for a volunteer position with Penn Medicine Princeton Health. Penn Medicine Princeton Health offers a variety of volunteer opportunities that include interacting with patients and dealing with confidential and sensitive information. It will help us a great deal if you would carefully answer the following questions to the best of your knowledge.

Please return this form by **one** of the following means:

1. Mail via USPS to: Volunteer Services, 1 Plainsboro Rd., Plainsboro, NJ 08536
2. E-mail to: volunteer@penmedicine.upenn.edu
3. Fax to: (609) 853-6011

Note: Reference must be someone other than a family member or friend. Examples include but are not limited to: supervisors, professors, volunteer managers, teachers and co-workers.

Instructions: Applicant: Complete section 1

Reference: Complete section 2

Section 1

Consent to release information:

I _____ hereby authorize _____
(name of applicant) (name of reference)

to complete this reference form in connection with my application to participate in the volunteer program with Penn Medicine Princeton Health. I also consent to the release of whatever information is requested to complete such form.

Date ____/____/____ Applicant Signature _____

Applicant's Phone Number: _____

Applicant's E-mail Address: _____

If the applicant is under the age of eighteen, a parent/guardian must sign below indicating that they have reviewed the above authorization with the teen volunteer and that they agree to the authorization.

Date ____/____/____ Parent/Guardian Signature _____

Section 2

1. How do you know the applicant or in what capacity have you known the applicant?

2. How long have you known the applicant? _____

3. How well do you know the applicant? (**Please check one**)

Very Well Well Average Little Very Little

4. How does the applicant approach people, cultures or lifestyles different from their own? (**Please check one**)

Open mindedness Curiosity Acceptance Caution Judgment

Other: (please explain) _____

5. Are you aware of anything that would prevent the applicant from being an effective volunteer?
If yes, please explain.

6. Keeping in mind the importance of commitment, reliability, stability, confidence and good judgment, what overall recommendation do you give this applicant? (**Please check one**)

My highest recommendation I recommend
 I recommend with reservations I cannot recommend this person to your program

Comments:

Printed Name: _____ Phone: _____

Address: _____

Signature: _____ Date: ____/____/____

Please check this box **ONLY if you wish to be contacted** by Volunteer Services to share additional information regarding this applicant.

We appreciate your assistance. If you have any questions, please contact us at 609.853.6010.