

Western Health

VOLUNTEEN REFERENCE

Applicant's Name: _____

Date: _____

“Please circle the number that applies to this applicant.”

	Excellent	V.Good	Average	Poor	Unable to Evaluate
Tact	1	2	3	4	5
Emotional Stability	1	2	3	4	5
Leadership Skill	1	2	3	4	5
Acceptance of Responsibility	1	2	3	4	5
Punctuality	1	2	3	4	5
Grooming	1	2	3	4	5
Reaction to Discipline	1	2	3	4	5
Ability to Work with People	1	2	3	4	5
Ability to Follow Instructions	1	2	3	4	5

Other Comments:

Signature- Occupation

Name of School

Please keep in mind when completing this reference that this Volunteer will be assisting us with our clients, residents, and patients.