

Atrium Health Stanly
Junior Volunteer (Age 18 and under)
Confidential Reference Form

To Whom It May Concern:

_____ has applied to the Volunteer Organization of Atrium Health-Stanly. Please return this completed and confidential questionnaire to:

Kim Davis/Director Volunteer Services
301 Yadkin Street
Albemarle NC 28001

Rate from 1-5 based on the scale below:

5 – excellent, 4 – above average, 3 – average, 2 – below average, 1- unacceptable

Neatness in appearance	5	4	3	2	1
Academic performance	5	4	3	2	1
Willingness to follow Directions	5	4	3	2	1
Ability to meet people	5	4	3	2	1
Maturity of judgment	5	4	3	2	1
Attitude	5	4	3	2	1
Initiative	5	4	3	2	1
Ability to accept responsibility	5	4	3	2	1

 Name

 Professional Title

Phone Number _____

Circle length of time you have known applicant: less than 2 yrs. 2-4 yrs. 4+yrs.

In what capacity? _____

I recommend: ___highly ___moderately ___somewhat ___not at all

Comments: _____

**Atrium Health Stanly
Adult Volunteer (Age 19 and over)
Confidential Reference Form**

Name of Applicant _____

How long have you known the applicant? _____

In what capacity, have you known the applicant? _____

Describe the applicant's reliability and willingness to make a commitment to schedule volunteer hours, whether weekly, monthly, etc. _____

Do you think the applicant can maintain the confidentiality needed in a hospital setting?

Would you recommend the applicant for placement with CMC-Union? _____

Additional Comments: _____

Name (Please Print)

Title/Relation to Applicant

Phone Number

Signature

Date

Please return completed reference form to:

Kim Davis/Director Volunteer Services
301 Yadkin Street
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