Albany InReach Services
Miao Zhao
Clinic Coordinator
Office: 541-812-4059
Fax: 541-812-4200

Volunteer Reference

Name of Applicant

_____

The above named applicant has requested you to write a reference for a volunteer application. The applicant must include this completed reference form with their application. Please complete the areas that you feel comfortable commenting upon and return this form to the applicant to include in their application mailing to the Albany InReach. Thank you for your assistance.

_____

How long have you know the applicant?

_____

In what capacity have you known the application (neighbor, church, work, school, previous volunteer experience)?

_____

_____

Please complete the following:

	Above Average	Average	Below Average
1. Work habits	_____	_____	_____
2. Responsibility	_____	_____	_____
3. Interaction	_____	_____	_____
4. Leadership	_____	_____	_____
5. Dependability	_____	_____	_____
6. Other: _____	_____	_____	_____
_____	_____	_____	_____

Please share any additional information that will support your evaluation of the applicant: (Use the reverse side or additional paper if necessary.)

_____ _____ _____
Signature Print Name Date

Phone Number: _____ Email: _____

Address: _____

_____

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