

**GOOD SAMARITAN REGIONAL MEDICAL CENTER  
VOLUNTEER SERVICES DEPARTMENT**

3600 NW Samaritan Drive  
Corvallis, OR 97330

**REFERENCE FORM**

**Name of Applicant**

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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 which you feel comfortable commenting upon. Thank you for your assistance.

How long have you known the applicant?

From \_\_\_\_\_ to \_\_\_\_\_

In what capacity or job?

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**Please complete the following:**

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
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 reverse side or additional paper if needed.)

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Signature

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Date

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Printed Name

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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