



REFERENCE

_____ applied to Brigham and Women's Faulkner Hospital to be a volunteer. It is mandatory that all applicants submit two professional references. The applicant has selected you as a reference.

Please complete the following by checking the appropriate box and return the completed form to the applicant or fax to: **617-983-7729 BWFH Volunteer Services.**

	Excellent	Very Good	Average	Fair	Poor
Promptness					
Initiative					
Emotional Maturity					
Communication Skills					
Demeanor/Disposition					
Ability to work on a team					
Ability to understand and follow policies and procedures					
Ability to fulfill commitments and responsibilities					
Ability to follow instructions					

Additional comments: (Please Print)

Name and Title: _____

Signature: _____ **Date:** _____

Relationship to the prospective volunteer: _____

Company/Organization: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: _____ **FAX:** _____ **email:** _____

Thank you for your time.