



# PUGET SOUND CHRISTIAN CLINIC

*Bringing hope and health to communities*

## Personal Reference Form

The applicant named below has applied for a volunteer position at Puget Sound Christian Clinic. S/he has given your name as a reference. Please give us your opinion of the applicant by responding to the questions below. Thank you in advance for your honest remarks which will help us as we discern whether the candidate will be suitable for the position for which s/he has applied.

Applicant Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

I request the individual named below to provide his/her perspective on my qualifications and experiences as they relate to my application for the above position. I waive my right to review this form after its completion and shall release this individual from any and all liability from damages related to his/her completion of this form.

\_\_\_\_\_

Signature Date

Reference Name: \_\_\_\_\_

Reference Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship of Reference to Applicant: \_\_\_\_\_ Duration of Relationship: \_\_\_\_\_

**General Evaluation of Applicant:** Please check the box that matches best with the candidate.

Qualification	Excel- lent	Good	Fair	Poor	Unable to As- sess	Comments
Punctuality						
Honesty						
Dependability						
Cultural Sensitivity						
Emotional Maturity						
Patience						
Team Work						
Work Attitude						
Communication						
Teachable						



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Briefly describe the candidate's personality style.

Briefly describe the candidate's leadership style.

Is there anything that has not been asked here that might be important for us to know as we consider him/her for a volunteer at Puget Sound Christian Clinic?

Please indicate the strength of your overall endorsement of this person as a volunteer for Puget Sound Christian Clinic:

- Highly Recommended     Recommended     Recommended With Some Reservation  
 Not Recommended

**After completing this form please Do Not return to applicant. Mail or fax the completed form to:  
(206) 363-1723**

Puget Sound Christian Clinic  
Volunteer Program Manager  
2150 N 122<sup>nd</sup> St.  
Seattle, WA 98133



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