

REFERENCE FORM

The applicant named below has applied for a volunteer position at Puget Sound Christian Clinic and has given your name as a reference. Please give us your honest opinion of the applicant by responding to the questions below.

Applicant Name: _____

Position Applied for: _____

I request the individual named below provide their 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 release this individual from any and all liability for any potential damages related to their completion of this form.

Signature: _____ Date: _____

Reference Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____ **Length of Relationship:** _____

General Evaluation of Applicant: Please check the appropriate box.

Qualification	Excellent	Good	Fair	Poor	Unknown	Comments
Punctuality						
Honesty						
Dependability						
Cultural Sensitivity						
Emotional Maturity						
Patience						
Team Work						
Work Attitude						
Communication						
Teachability						

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 this candidate for a volunteer at Puget Sound Christian Clinic?

Please indicate the strength of your overall endorsement of this person as a volunteer with us.

Highly Recommended

Recommended with some reservation

Recommended

Not recommended

Please mail, fax, or email the completed form to:

Coordinator of Volunteers

Puget Sound Christian Clinic

2152 N 122nd Street

Seattle, WA 98133

Phone: (206) 899-4757

Email: volunteer@pschristianclinic.org

Fax: (206) 363-1723

Website: www.pschristianclinic.org

Bringing hope and health to communities!