

REFERENCE SHEET

Reference should be completed by an individual in a professional capacity (e.g. employer, teacher, mentor, volunteer supervisor, etc.)

PLEASE DO NOT USE FRIENDS OR RELATIVES AS REFERENCES

<i>Last Name, First Name of Applicant:</i>	has applied to Boston Children's Hospital to become a volunteer.
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Would you please indicate below how you evaluate this applicant in each of the categories.

Category	Excellent	Very Good	Average	Fair	Poor
Promptness					
Initiative					
Emotional Maturity					
Verbal Communication Skills					
Demeanor/Disposition					
Ability To Work Independently					
Ability To Understand & Adhere To Organizational Structure, Policies, And Procedures					
Ability To Work With Children					
Ability To Fulfill Commitments/Responsibilities					
Ability To Manage Stressful Situations					
Ability To Follow Instructions					
Ability To Accept Correction/Criticism					
Ability To Work In Team					
Task Performance					

If you had a sick child in the Hospital, would you place him/her in the care of this individual?

Yes No

If you responded **No** to the above question, please explain below in detail.

Additional Comments: (Please Print)

Please Print Name and Title (line below)		Relationship to Volunteer Applicant (below)	
Company/Organization:			
Address:	City:	State:	Zip:
Phone:	Email:		

Signature:	Date:

Please send the completed reference to Volunteer@childrens.harvard.edu
 The subject of the email **MUST** state: **REFERENCE: (Last Name, First Name of Applicant)**