

Reference Form

This form 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

Last Name, First Name of Applicant:	applied to the Boston Children's Hospital Volunteer Program.
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Please indicate below how you evaluate this applicant in each of the categories.

Category	Excellent	Very Good	Average	Fair	Poor	Not Observed
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 your child 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:
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Please send the completed reference to Volunteer@childrens.harvard.edu

The subject of the email **MUST** state: **REFERENCE: (Last Name, First Name of Applicant)**