

REFERENCE SHEET

PLEASE DO NOT USE FRIENDS OR RELATIVES AS REFERENCES

Last Name, First Name of Applicant:	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. Please return this form to the applicant as soon as possible.

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:
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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)**