Volunteer Applicant Reference Form # 1

The person named below has applied for a volunteer position with Penn Medicine Princeton Health. Penn Medicine Princeton Health offers a variety of volunteer opportunities that include interacting with patients and dealing with confidential and sensitive information. It will help us a great deal if you would carefully answer the following questions to the best of your knowledge.

Please return this form by one of the following means:

1. Mail via USPS to: Volunteer Services, 1 Plainsboro Rd., Plainsboro, NJ 08536
2. E-mail to: volunteer@pennmedicine.upenn.edu
3. Fax to: (609) 853-6011

Note: Reference must be someone other than a family member or friend. Examples include but are not limited to: supervisors, professors, volunteer managers, teachers and co-workers.

Instructions: Applicant: Complete section 1
Reference: Complete section 2

Section 1

Consent to release information:

I __________________________________________ hereby authorize _________________________

(name of applicant) (name of reference)

to complete this reference form in connection with my application to participate in the volunteer program with Penn Medicine Princeton Health. I also consent to the release of whatever information is requested to complete such form.

Date ____/____/____ Applicant Signature __________________________________________

**Applicant’s Phone Number:** ________________________________

**Applicant’s E-mail Address:** __________________________________________

If the applicant is under the age of eighteen, a parent/guardian must sign below indicating that they have reviewed the above authorization with the teen volunteer and that they agree to the authorization.

Date ____/____/____ Parent/Guardian Signature ________________________________
Section 2

1. How do you know the applicant or in what capacity have you known the applicant?  
___________________________________________________________________________

2. How long have you known the applicant? ____________________________________________

3. How well do you know the applicant? *(Please check one)*

   □ Very Well   □ Well   □ Average   □ Little   □ Very Little

4. How does the applicant approach people, cultures or lifestyles different from their own? *(Please check one)*

   □ Open mindedness   □ Curiosity   □ Acceptance   □ Caution   □ Judgment

   Other: (please explain) ___________________________________________________________
___________________________________________________________________________
______________________________________________________________________________

5. Are you aware of anything that would prevent the applicant from being an effective volunteer? 
If yes, please explain.

   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

6. Keeping in mind the importance of commitment, reliability, stability, confidence and good judgment, what overall recommendation do you give this applicant? *(Please check one)*

   □ My highest recommendation   □ I recommend
   □ I recommend with reservations   □ I cannot recommend this person to your program

   Comments:  
___________________________________________________________________________
___________________________________________________________________________

Printed Name: _______________________________  Phone: _________________________
Address:  ________________________________________________________________
Signature: __________________________________ Date: _____/_____/______

□ Please check this box **ONLY if you wish to be contacted** by Volunteer Services to share additional information regarding this applicant.

We appreciate your assistance. If you have any questions, please contact us at 609.853.6010.
Volunteer Applicant Reference Form # 2

The person named below has applied for a volunteer position with Penn Medicine Princeton Health. Penn Medicine Princeton Health offers a variety of volunteer opportunities that include interacting with patients and dealing with confidential and sensitive information. It will help us a great deal if you would carefully answer the following questions to the best of your knowledge.

Please return this form by one of the following means:
1. Mail via USPS to: Volunteer Services, 1 Plainsboro Rd., Plainsboro, NJ 08536
2. E-mail to: volunteer@pennmedicine.upenn.edu
3. Fax to: (609) 853-6011

Note: Reference must be someone other than a family member or friend. Examples include but are not limited to: supervisors, professors, volunteer managers, teachers and co-workers.

Instructions: Applicant: Complete section 1
Reference: Complete section 2

Section 1

Consent to release information:

I ____________________________________________________________ hereby authorize ________________________________________________________________
(name of applicant) (name of reference)

to complete this reference form in connection with my application to participate in the volunteer program with Penn Medicine Princeton Health. I also consent to the release of whatever information is requested to complete such form.

Date ____/____/____ Applicant Signature ________________________________________________________________

Applicant's Phone Number: ________________________________________________________________

Applicant's E-mail Address: ________________________________________________________________

If the applicant is under the age of eighteen, a parent/guardian must sign below indicating that they have reviewed the above authorization with the teen volunteer and that they agree to the authorization.

Date ____/____/____ Parent/Guardian Signature ________________________________________________
Section 2

1. How do you know the applicant or in what capacity have you known the applicant?
___________________________________________________________________________

2. How long have you known the applicant? _______________________________________

3. How well do you know the applicant? *(Please check one)*

☐ Very Well  ☐ Well  ☐ Average  ☐ Little  ☐ Very Little

4. How does the applicant approach people, cultures or lifestyles different from their own? *(Please check one)*

☐ Open mindedness  ☐ Curiosity  ☐ Acceptance  ☐ Caution  ☐ Judgment

Other: (please explain) __________________________________________________________
___________________________________________________________________________

5. Are you aware of anything that would prevent the applicant from being an effective volunteer? If yes, please explain.
______________________________________________________________________________
______________________________________________________________________________

6. Keeping in mind the importance of commitment, reliability, stability, confidence and good judgment, what overall recommendation do you give this applicant? *(Please check one)*

☐ My highest recommendation  ☐ I recommend
☐ I recommend with reservations  ☐ I cannot recommend this person to your program

Comments:
______________________________________________________________________________
______________________________________________________________________________

Printed Name: _______________________________  Phone: ____________________
Address: ________________________________________________________________
Signature: _______________________________  Date: ______/_____/______

☐ Please check this box ONLY if you wish to be contacted by Volunteer Services to share additional information regarding this applicant.

We appreciate your assistance. If you have any questions, please contact us at 609.853.6010.