

SOUTH COUNTY HEALTH

VOLUNTEER REFERENCE FORM

Applicant Name: _____

Reference #1: _____ Phone Number: _____

Email Address (Preferred): _____

Relationship: _____ Years known: _____

Reference #2: _____ Phone Number: _____

Email Address (Preferred): _____

Relationship: _____ Years known: _____

OFFICE USE ONLY: _____

Indicate by checking off applicable boxes:

	Excellent	Good	Questionable	Unacceptable
Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a team or with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle frustration or stress on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

References checked by: _____ Date: ___/___/___

BCI cleared on: ___/___/___