

DKH DAY KIMBALL HEALTHCARE

Confidential Reference Form for Volunteer

_____ has submitted an application to volunteer for Day Kimball Healthcare and has given your name as a reference. We are seeking volunteers who are self-motivated, dependable and can provide excellent service to our patients and staff.

Please complete the survey below so that we can determine if the applicant will be a good candidate for the volunteer program. All information you provide will be confidential.

To submit this reference form, please use one of the following options:

- * Provide the completed form to the volunteer candidate to submit with their packet.
- * Fax the completed form to (860) 963-6043.
- * Mail the completed form to:

Day Kimball Hospital
Volunteer Services Department
320 Pomfret St.
Putnam, CT 06260

Please evaluate the applicant below:

	Poor	Good	Very Good	Excellent
Caring Nature				
Cooperation				
Accepts Responsibility				
Accepts Supervision				
Personal Appearance				

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Would you recommend the applicant for placement in a health care setting such as ours? _____

Additional comments:

Please print your name: _____

Signature: _____ Date: _____