

UNIVERSITY OF MINNESOTA  
MEDICAL CENTER  
 FAIRVIEW

**Volunteer Reference Check**

The individual named below has applied to become a volunteer at University of Minnesota Medical Center, Fairview, and has given your name as a reference. Your evaluation of this applicant would be appreciated. The information you provide will assist us in making an appropriate placement and will be considered confidential. Please complete this form, place it in an envelope, seal it, and sign your name across the seal. **Return the completed reference to the applicant. Do not mail this reference to the Volunteer Office.**

**Volunteer Applicant** \_\_\_\_\_  
**Volunteers are placed in a number of areas in the hospital. The applicant may be volunteering with children or vulnerable adults.**

1. In what capacity have you known the applicant and for how long?
2. Please describe the characteristics of the applicant that would make them an appropriate volunteer. Consider maturity, reliability, initiative, willingness to work, interpersonal and communication skills.
3. Describe the applicant's ability to work with different age groups, people with serious medical conditions, and people of diverse cultures.
4. Do you feel the applicant is well organized and can attend to details related to a volunteer position? Give examples.

Print name of person completing reference \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

**Thank you! Please include any additional information on the back of this sheet. You may also phone us at 612-273-6565 if you would like to discuss this applicant further.**