



Carolinan Medical Center
 Lincoln
 Carolinas HealthCare System

Volunteer Reference Form

Name of applicant: _____

Please complete this reference form in regard to the applicant's suitability to become a volunteer at Carolinas Medical Center - Lincoln. We appreciate your honest opinion and hope that you will feel free to express any concerns that you may have. If you wish to further discuss any issues, please call (704) 732-5377. Thank you for your assistance.

Name: _____ Phone: _____

Relationship to applicant: _____

How long have you known the applicant? _____

Please describe any special skills, strengths and abilities this applicant will bring to the junior volunteer program: _____

Do you consider the applicant a responsible/dependable person? Why or why not?

Please rate his or her maturity level: (low) 1 2 3 4 5 (high)

Does the applicant express a willingness to work in the healthcare field? _____

Would you recommend the applicant as a volunteer for Carolinas Medical Center-Lincoln? Why or why not?

Additional comments: _____

Signature _____ Date _____