

Reference Form

This form should be completed by an individual in a professional capacity (e.g. employer, teacher, mentor, volunteer supervisor, etc.)

***PLEASE DO NOT USE FRIENDS OR RELATIVES AS REFERENCES***

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| ***Last Name, First Name of Applicant:*** | applied to the Boston Children’s Hospital Volunteer Program. |

**Please indicate below how you evaluate this applicant in each of the categories.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Excellent** | **Very Good** | **Average** | **Fair** | **Poor** | **Not Observed** |
| **Promptness** |  |  |  |  |  |  |
| **Initiative** |  |  |  |  |  |  |
| **Emotional Maturity** |  |  |  |  |  |  |
| **Verbal Communication Skills** |  |  |  |  |  |  |
| **Demeanor/Disposition** |  |  |  |  |  |  |
| **Ability To Work Independently** |  |  |  |  |  |  |
| **Ability To Understand & Adhere To Organizational Structure, Policies, And Procedures** |  |  |  |  |  |  |
| **Ability To Work With Children** |  |  |  |  |  |  |
| **Ability To Fulfill Commitments/Responsibilities** |  |  |  |  |  |  |
| **Ability To Manage Stressful Situations** |  |  |  |  |  |  |
| **Ability To Follow Instructions** |  |  |  |  |  |  |
| **Ability To Accept Correction/Criticism** |  |  |  |  |  |  |
| **Ability To Work In Team** |  |  |  |  |  |  |
| **Task Performance** |  |  |  |  |  |  |

If you had a sick child in the Hospital, would you place your child in the care of this individual? **Yes** 🞎 **No** 🞎

**If you responded** **No** **to the above question, please explain below in detail.**

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**Additional Comments*:******(Please Print)***

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| --- | --- |
| **Please Print Name and Title (line below)**  | **Relationship to Volunteer Applicant (below)** |
|  |  |
| **Company/Organization:**  |
| **Address:**  | **City:** | **State:** | **Zip:** |
| **Phone:** | **Email:** |

|  |  |
| --- | --- |
| **Signature:**   | **Date:** |

Please send the completed reference to Volunteer@childrens.harvard.edu

The subject of the email **MUST** state: REFERENCE: (Last Name, First Name *of Applicant)* *Revised 05/24*