



VAIL HEALTH VOLUNTEER CORPS

REFERENCE FORM

Volunteer Applicant's name: _____ Date: _____

The above named person has applied for a volunteer position at Vail Health and has selected you as a reference. As a protection for our patients and visitors, we require references for all volunteer applicants.

We would appreciate you completing this form and returning it as soon as possible. The applicant cannot be placed until this reference information form is completed and returned. This information will be kept confidential.

Your name: _____ Telephone: _____

Address: _____

City: _____ ST: _____ Zip: _____

1. How long have you known the applicant (minimum of 1 year):

2. Do you feel you know the applicant well enough to give a reference?

3. In what capacity do you know the applicant?

4. Describe the applicant's strengths:

5. Describe any areas of concern about the applicant:

6. How does the applicant respond to supervision?

7. Do you have any reservations about this individual working with children, adolescents, or elderly patients?

8. Describe the applicant's follow-through and commitment (a minimum commitment of 2 months for at least 6 months):

9. Is the applicant capable of keeping information confidential?

10. Would you recommend the applicant for acceptance in the program, and why?

COMMENTS: Please include anything you know about the applicant, which may qualify or disqualify her/him from the position.

1.

2.

3.

4.

Please return to Christine Albertson via the following options:

MAILING:

Vail Health Volunteer Corps
PO BOX 1529-A
Vail, CO 81658
970-479-5068

EMAIL:

Christine.albertson@vailhealth.org

*Please note that due to recent updates on our email system, the document must be in a docx or pdf format

FAX:

970-470-6672

Thank you for your assistance!