



VOLUNTEER REFERENCE

I have applied to volunteer at a Saint Luke's Health System (SLHS) location and have given your name as a personal reference.

Please return signed document to: _____
 Location Name (listed on Page 1) Email or Fax Number

 Applicant Printed Name Applicant Signature Date

 Guardian Printed Name Guardian Signature (consent if under 18 yrs) Date

----- This section to be completed by Reference -----

Name of personal reference _____

Relationship to Applicant (not a relative) _____

How long have you known the applicant? _____

Please rate applicant skills	Excellent	Good	Fair	Unacceptable	Not Observed
Respectful of others					
Relates well to all age groups					
Open to new ideas and change					
Reliable/dependable					
Additional Comments					

 Reference Printed Name Reference Signature Date

 Reference Email Reference Phone