



**REFERENCE FORM**

Date: \_\_\_\_\_

Volunteer : \_\_\_\_\_

I hereby authorize the person named below to release information regarding my performance and character to the Volunteer Services Department at Kernan Orthopaedics & Rehabilitation. I understand that this information will only be used to make decisions relative to placement at Kernan and will be kept completely confidential.

Signature: \_\_\_\_\_

**Please rate the above named volunteer in the following categories:**

	<b>Excellent</b>	<b>Satisfactory</b>	<b>Marginal</b>	<b>Do not know</b>
1. Ability to work as a team member:	_____	_____	_____	_____
2. Ability to communicate with younger staff and patients:	_____	_____	_____	_____
3. Ability to communicate with older staff and patients:	_____	_____	_____	_____
4. Ability to communicate with disabled:	_____	_____	_____	_____
5. Ability to follow written and verbal directions:	_____	_____	_____	_____
6. Ability to think and act independently:	_____	_____	_____	_____
7. Maturity:	_____	_____	_____	_____
8. Punctuality:	_____	_____	_____	_____
9. Attendance:	_____	_____	_____	_____

Considering that this is a hospital specializing in surgery and rehabilitation for patients who have suffered a severe trauma, would you recommend this person as a volunteer at

Kernan?      Yes \_\_\_\_\_    No \_\_\_\_\_    Can't Judge \_\_\_\_\_

Additional Comments:

---

---

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_

**BEFORE THE VOLUNTEER WILL BE INTERVIEWED, THIS REFERENCE  
MUST BE RECEIVED BY:**

**Coordinator, Customer and Community Services  
Kernan Orthopaedics & Rehabilitation  
2200 Kernan Drive  
Baltimore, Md. 21207**

---

**Fax: 410-448-2859**

**Phone: 410-448-6748**

: