Volunteer Reference Check

Applicant Name: _____

The above applicant has applied to become a Volunteer at Loyola University Health System. We would appreciate you sharing with us your experience with the applicant by completing this form.

Please Check:	Outstanding	Above Average	Average	Below Average	Unable to Judge
Oral Expression					
Cooperation w/ Others					
Interpersonal Relations					
Initiative					
Motivation					
Reliability					
Integrity					

How long have you known this applicant: Years: _____ or Months: _____

Relationship to Applicant: _____

Your opinion of this candidate: _____ Recommend highly _____ Recommend with Reservation
_____ Recommend _____ Do not Recommend

Additional comment: _____

Your Name (Please Print) _____ Your Signature _____ Phone Number _____

Please email this completed form to Sara.Schad@luhs.org or fax to (708) 216-4793.

Volunteer Services Department
2160 S. First Ave., Maywood, IL 60153
708-216-3794 (p) ▪ 708-216-4793 (f)

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We also treat the human spirit.®