AdventHealth
Shawnee Mission

Date____________________

______________________________ has applied to be a volunteer at AdventHealth Shawnee Mission and has given your name as a reference. Please complete this form and return it to us by mail or fax. All information provided by you is strictly confidential. Thank you for your time.

The Volunteer Services Department

****

VOLUNTEER REFERENCE

Name of Reference____

Relationship____

How long have you known the applicant? _______________ In what capacity? ___________________________________

____

Would you recommend the applicant as a volunteer for AdventHealth Shawnee Mission? __________________________

____

Do you believe that other obligations or factors could have a significant effect on the applicant's ability to perform work at AdventHealth Shawnee Mission?

____

Please check the appropriate ratings on the following characteristics:

	Excellent	Good	Fair	Needs Improvement	Unknown
1. Responsible/Dependable					
2. Works effectively with others					
3. Respects confidentiality					
4. Able to understand/follow directions					

Additional Comments: ____

____

____

Signature of Reference ____ Date ____________________

Please return reference forms to:

AdventHealth Shawnee Mission
Volunteer Services Department
9100 W. 74th Street
Shawnee Mission, KS 66204
Fax: (913) 789-3149

AdventHealth
Shawnee Mission

Date_____________________

______________________________ has applied to be a volunteer at AdventHealth Shawnee Mission and has given your name as a reference. Please complete this form and return it to us by mail or fax. All information provided by you is strictly confidential. Thank you for your time.

The Volunteer Services Department

****

VOLUNTEER REFERENCE

Name of Reference____

Relationship____

How long have you known the applicant? _______________ In what capacity? __________________________________

____

Would you recommend the applicant as a volunteer for AdventHealth Shawnee Mission? ___________________________

____

Do you believe that other obligations or factors could have a significant effect on the applicant's ability to perform work at AdventHealth Shawnee Mission?

____

Please check the appropriate ratings on the following characteristics:

	Excellent	Good	Fair	Needs Improvement	Unknown
1. Responsible/Dependable					
2. Works effectively with others					
3. Respects confidentiality					
4. Able to understand/follow directions					

Additional Comments: ____

____

____

Signature of Reference ____ Date ______________________

Please return reference forms to:

AdventHealth Shawnee Mission
Volunteer Services Department
9100 W. 74th Street
Shawnee Mission, KS 66204
Fax: (913) 789-3149