



# Salina Regional Health Center

## Student Volunteer Program Reference Form

*Thank you for agreeing to complete this reference for a Summer 2017 Student Volunteer applicant! Your knowledge of the applicant's abilities & interpersonal relationships will help us evaluate and place the student.*

*Gayle Rose and Marsha Haskett, Salina Regional Volunteer Department*

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_ Your Profession/Job \_\_\_\_\_

Describe your relationship to the student:

How long have you known the student?

What special qualities will the student bring to the healthcare environment?

Please rank all areas in which you have knowledge of the student:

Area	Excellent	Good	Fair	Poor	NA
Academic Achievement					
Pride in Appearance and Conduct					
Courteous and Caring Attitude					
Dependability and Punctuality					
Curiosity and Eagerness to Learn					
Cheerful and Positive Nature					
Respect for Supervisors and Cooperation with Peers					
Thorough and Efficient Work Habits					
Leadership Traits					
Parent/Guardian Support					

Please state any special considerations, if any, that you feel should be made in placing the student in the Salina Regional Student Volunteer program:

Signature \_\_\_\_\_

Phone \_\_\_\_\_

Please place this completed form in a sealed envelope with your signature across the seal and return it to the student as soon as you can. Students must have references in hand when they report for interviews weekdays April 3-21.

**THANK YOU!**