



Reference Form

Name of applicant: _____

Position applying for: **Volunteer at South Miami Hospital**

Volunteer Services

Dear Volunteer Applicant Reference:

Please complete and return this form in the enclosed envelope **within 10 days**. Your responses will allow us to better assess the person's ability to fulfill the responsibilities involved in our volunteer program. All information is confidential. Thank you.

1. How long have you known the applicant? _____

2. What is your relationship with the applicant? _____

3. How would you rate the applicants overall competence to become a volunteer? Check one.

Outstanding _____ Good _____ Average _____ Fair _____ Poor _____

4. Would you have any reservation in recommending the applicant to volunteer with South Miami Hospital?

5. Please feel free to provide any additional information that might be useful in evaluating the volunteer applicant.

Reference provided by (please print): _____	Signature _____	Date _____
Organization _____	Title _____	Phone Number: _____
Address _____	City, State _____	Zip Code _____

Please mail it to the following address:
South Miami Hospital
Volunteer Services
6200 SW 73 Street
Miami, FL 33143

If you have any questions, please contact:
Wania Macellaro
SMH Volunteer Services
Office: (786) 662-8070
Fax: (786) 662-8319