

Providence Centralia Hospital
Volunteer Services
 914 S. Schueber Rd
 Centralia, WA 98531
 (360) 330-8569
 Julia.VanPaepeghem@providence.org



Providence St. Peter Hospital
Volunteer Services
 413 Lilly Rd NE
 Olympia, WA 98506
 (360) 493-7482
 Volunteer.ServicesPSPH@providence.org

Volunteer Reference Form

Dear Recommender:

The person named below is applying for a Providence Health & Services volunteer position and has selected you as a reference. Please help us to get to know the applicant better by answering the questions below and on the next page to the best of your knowledge. The information you provide will be held in strictest confidence.

Once you have completed the form, you can submit the form to the Volunteer Services by mail or email (contact information listed above) or by placing it in a sealed envelope and returning it to the applicant.

If you have any questions, please do not hesitate to contact our office. Thank you for your time!

Sincerely,
 Volunteer Services

Applicant's Name _____

Recommender's Name _____

How long have you known each other? _____

Employer Neighbor / friend School counselor / advisor
 Co-worker Teacher / professor Other _____

Please rate the applicant on the qualities below.

	5 Excellent	4 Above Average	3 Average	2 Below Average	1 Needs to Improve	Not Applicable or Unknown
Ability to work with others						
Verbal communication						
Works well with a diverse population						
Punctuality						
Reaction to stress						
Ability to take initiative in an unfamiliar situation						
Ability to thrive in a fast-paced environment						
Ability to thrive in a slow-paced environment						

Would you be comfortable having this applicant involved in your care experience if you were a patient or visitor in the hospital?
Please explain why or why not.

Volunteers may work directly with patients, may be in proximity of high stress or traumatic situations, and/or have access to limited amounts of confidential information. In your opinion, do you think the applicant has the ability to handle themselves appropriately in these types of situations? Please explain why or why not.

What is your overall recommendation for this applicant for volunteer work?

- Highly recommended
- Recommended
- Recommended with reservations
- Not recommended

Recommender's Signature _____

Recommender's Printed Name _____

Recommender's Phone Number _____ Date _____

Thank you for taking the time to fill out this reference form!

The volunteers at Providence Health & Services are an integral part of being able to provide quality health care. Volunteers provide a personal, caring touch to the experience of the patient and their loved ones. These moments can help relieve anxiety and stress from an already difficult or life-changing time in one's life. By completing this form you are helping us determine the applicant's ability to fulfill the volunteer responsibilities. If you have any additional questions or comments, please do not hesitate to contact Volunteer Services.

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