



Seattle Cancer Care Alliance – Volunteer Services Program PERSONAL REFERENCE FORM

The Seattle Cancer Care Alliance is a partnership between the Fred Hutchinson Cancer Research Center, UW Medicine, and Seattle Children's. Patients come from different parts of the country and around the world for treatment for leukemia, lymphoma, solid tumors, and a variety of blood disorders. Patients and their family members are in a vulnerable situation while they cope with a difficult medical treatment in an unfamiliar city, often without the support of friends and extended family. We are fortunate to have dedicated volunteers who provide vital practical and social support in a variety of ways.

Every volunteer must be able to support patients and family members in a positive and compassionate manner, while maintaining emotional boundaries. Please provide an honest and complete summary of your impressions of the applicant – Thank you for your assistance. If you have any questions, please call our Volunteer Coordinator at 206-288-1072.

PROSPECTIVE VOLUNTEER'S NAME: _____ **Date:** _____

(Select the check box that reflects your opinion of the applicant)

| | LOW | | AVERAGE | | HIGH |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Displays courtesy, tact and patience | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Respectful of diverse lifestyles, cultures and religions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Is dependable and punctual | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Accepts responsibility and supervision | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Shows compassion for other people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Communicates well and is an active listener | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Maintains emotional health and boundaries | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

How long have you known the prospective volunteer and in what capacity?

Has the volunteer applicant experienced a major life transition during the last two years (such as the death of a loved one, serious illness, etc.) that might affect his/her ability to serve as a volunteer? If yes, please explain.

Does the applicant currently have alcohol or drug abuse issues? If yes, please explain.

Please share any additional comments about the volunteer applicant (use back side if needed).

YOUR NAME _____ **PHONE** _____

Please return completed form to:

Email: volunteer@seattlecca.org | **Fax:** 206.288.1074

Volunteer Services | 825 Eastlake Avenue East, K1-104 | PO Box 19023 | Seattle, WA 98109-1023