



# South Miami Hospital

Volunteer Services  
6200 S.W. 73 Street  
Miami, FL 33143  
Tel: 786 662-8130

## VOLUNTEER SERVICES – REFERENCE FORM

\_\_\_\_\_  
Name of applicant

### Dear Volunteer Applicant Reference:

Please complete and return this form **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. In what capacity do you know the applicant?
3. How would you rate the applicants overall competence to become a volunteer? Check one.  
Outstanding \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_
4. In your opinion, do you feel this person would be reliable in attendance?
5. Is this person trustworthy?
6. Would you have any reservation in recommending the applicant to volunteer with South Miami Hospital?
7. Please feel free to provide any additional information that might be useful in evaluating the volunteer applicant.

\_\_\_\_\_  
Name of Reference (Please Print)

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number of Reference

**\*\*PLEASE MAIL IT TO THE ADDRESS ABOVE**



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