UVA Culpeper Medical Center Volunteer Programs Reference Check Form

Volunteer applicant’s name:__________________________________________________________
PLEASE PRINT

Reference’s name: ______________________________________________________________
PLEASE PRINT

Reference’s phone number: ______________________________________________________

How long have you known the applicant? __________________________________________

In what capacity do you know the applicant? ______________________________________

How would you describe the applicant’s ability to get along with others?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please rank 1 to 5 by circling beside each, (1 being poor and 5 being excellent):

Is the applicant a team player? 1 2 3 4 5

Is the applicant dependable? 1 2 3 4 5

Overall demeanor? 1 2 3 4 5

Additional comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Reference Provider Signature: ________________________________ Date: ________________

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