



Name of Volunteer Applicant: _____

Reference Name: _____

Reference Email: _____

Reference Phone Number: _____

The above referenced applicant has applied to our hospital volunteer program and has listed you as a reference. We would appreciate your honest assessment as to their maturity, skills, and abilities. Thank you for taking the time to fill out this form. Once completed, please scan and email to volunteerservices@stonybrookmedicine.edu Your promptness would be appreciated as we cannot start the process of onboarding until all references are received. If you have any questions or would rather discuss this applicant over the phone, you can call Volunteer Services at 631-444-2610.

Thank you.

1. How long have you known the applicant? _____
2. In what context do you know the applicant? (Work, school, employer) _____
3. Do you feel the applicant will be an asset to our volunteer department? _____
4. Please describe what skills or characteristics the applicant possesses that will be beneficial to our program? _____

Please add any comments that you would feel would be helpful with our evaluation process:

Do you recommend this applicant for volunteering? Yes No

Reference Signature: _____

Date: _____