



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](mailto: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, 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:

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Do you recommend this applicant for volunteering? Yes  No

Reference Signature: \_\_\_\_\_

Date: \_\_\_\_\_