



**Volunteer Services Program
Reference Form**

_____ has applied to National Institutes of Health Clinical Center to be a volunteer. The Clinical Center offers a variety of volunteer assignments working with staff and patients. It would be greatly appreciated if you would answer the following questions to the best of your knowledge.

<i>Please mark the appropriate box</i>	Excellent	Very Good	Average	Fair	Poor
Promptness					
Dependable					
Initiative					
Emotional Maturity					
Communication Skills					
Honest, Respectful					
Demeanor/Disposition					
Ability to work on a team					
General Appearance					
Ability to understand and follow policies and procedures					
Ability to fulfill commitments and responsibilities					
Ability to follow instructions					

How does the applicant approach people and those with cultural, languages or lifestyles different from their own? With (please circle):

Respect	Open Mind	Curiosity	Acceptance	Caution	Judgment	Unwilling
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Have you ever seen the applicant interact with children, adults and/or older adults (in a medical setting preferably) or those who may be upset, frustrated, anxious and/or in an unfamiliar setting? If yes, how would you characterize their ability to interact with all age groups? (Circle all that apply)

Friendly	Compassionate	Rigid	Dependable	Engaging	Understanding
Impatient	Calm	Flexible	Anxious	Inconsistent	Rude

See reverse side

Keeping in mind the importance of commitment, reliability, stability and good judgment, what overall recommendation do you give this applicant? (Please check one)

<input type="checkbox"/>	My highest recommendation
<input type="checkbox"/>	I recommend
<input type="checkbox"/>	I recommend with reservations (please specify below)
<input type="checkbox"/>	I cannot recommend this person to your program (please specify below)

Comments:

Your name: _____

Relationship to the prospective volunteer: _____

How long have you known this person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Signature: _____ **Date:** _____

Return via mail, fax or email to: NIH Clinical Center
Social Work Department – Volunteer Services
10 Center Drive, MSC 1160
Bethesda, MD 20892-1160
(301) 480-4718 fax
clinicalcentervolunteerprogram@cc.nih.gov