



Continuum Health Partners, Inc.

# St. Luke's Roosevelt Hospital Center Volunteer Department – Reference Form

Volunteer: \_\_\_\_\_

1. How long have you known the applicant?

2. In what capacity do you know the applicant?

- |  |   |
|--|---|
| <input type="checkbox"/> Job Supervisor/Employer | <input type="checkbox"/> College Instructor   |
| <input type="checkbox"/> Coworker                | <input type="checkbox"/> Volunteer Supervisor |
| <input type="checkbox"/> Clergy                  | <input type="checkbox"/> Coach                |
| <input type="checkbox"/> High School Teacher     | <input type="checkbox"/> Other (specify):     |

3. How would you rate the applicants overall competence? (Check one.)

Outstanding \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

4. Please state briefly what you believe to be the applicants greatest strengths and limitations:

a. Strengths:

b. Limitations:

5. If this applicant is under 18 years of age, please describe the applicant's degree of maturity and independence.

6. Would you have any reservation in recommending the applicant to volunteer with St. Luke's Roosevelt Hospital? Why or why not?

Name:  
 Position/Title:  
 Organization/Institution:  
 Address:  
 City, State Zip:  
 E-mail:  
 Phone:  
 Reference Signature:  
 Date:

*Please return to the Volunteer Department  
 Roosevelt Hospital, ATTN: Amy Bush, 1000 Tenth Ave, NY, NY 10019 or via email at [ambush@chpnet.org](mailto:ambush@chpnet.org)  
 St. Luke's Hospital, ATTN: Mary Jo Page, 1111 Amsterdam Avenue, NY, NY 10025 or via email at [MPage@chpnet.org](mailto:MPage@chpnet.org)*