

PHC Junior Volunteer Reference Form – TWO REQUIRED

Student Name _____ has applied to Putnam Hospital Center Volunteer Program. Please complete the following information. Your evaluation of the student is an important factor in our selection of the applicant. All information is confidential.

Your Name _____

Address _____

Phone _____ EMAIL _____

Relationship to the student _____

How long have you known the student? _____

How well do you know the student? (circle) Very Well Well Casually

PLEASE CHECK THE FOLLOWING

	Excellent	Good	Fair	Poor
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are some of the student's best qualities?

Is there anything you would like to share regarding this student? _____

Signature _____

Date _____

Please Mail directly to:

Putnam Hospital

Volunteer Dept.

670 Stoneleigh Ave.

Carmel, NY 10512

Attention: John Mahoney

FAX – 845-278-5671

PHC Junior Volunteer Reference Form – TWO REQUIRED

Student Name _____ has applied to Putnam Hospital Center Volunteer Program. Please complete the following information. Your evaluation of the student is an important factor in our selection of the applicant. All information is confidential.

Your Name _____

Address _____

Phone _____ EMAIL _____

Relationship to the student _____

How long have you known the student? _____

How well do you know the student? (circle) Very Well Well Casually

PLEASE CHECK THE FOLLOWING

	Excellent	Good	Fair	Poor
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are some of the student's best qualities?

Is there anything you would like to share regarding this student? _____

Signature _____

Date _____

Please Mail directly to:

Putnam Hospital

Volunteer Dept.

670 Stoneleigh Ave.

Carmel, NY 10512

Attention: John Mahoney

FAX – 845-278-5671