



Carolinan Medical Center  
Lincoln  
Carolinan HealthCare System

## Junior Volunteer Reference Form To be completed by an adult (Teacher, Family Friend, etc.)

Name of applicant: \_\_\_\_\_

Overall academic average: \_\_\_\_\_

Please complete this reference form in regard to the applicant's suitability to become a junior volunteer at Carolinas Medical Center - Lincoln. We appreciate your honest opinion and hope that you will feel free to express any concerns that you may have. If you wish to further discuss any issues, please call the volunteer services office at (704) 732-5516. Thank you for your assistance.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please describe any special skills, strengths and abilities this applicant will bring to the junior volunteer program: \_\_\_\_\_  
\_\_\_\_\_

Do you consider the applicant a responsible/dependable person? Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate his or her maturity level: (Low) 1 2 3 4 5 (high)

Does the applicant express a willingness to work in the healthcare field? \_\_\_\_\_

Would you recommend the applicant as a junior volunteer for Carolinas Medical Center-Lincoln? Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_