

VOLUNTEEN PROGRAM

REFERENCES

Please print this document.

Instructions:

Provide reference forms to individuals who know you well enough to attest that you would be a good candidate for the Volunteen Program.

Reference sources could include school counselors, teachers, employers, clergy, or similar individuals and should not include peers, relatives, or friends.

Two letters of reference are required to be submitted to determine eligibility for the University of Maryland Charles Regional Volunteen Program.

Completed reference forms must be returned by **May 15th** one of the following ways:

- Email to kstringer@umm.edu
- Fax to 301-609-4417
- Dropped off by the Volunteen applicant
- Mail to:

**Human Resources Department
University of Maryland Charles Regional Medical Center
5 Garrett Ave
P.O. Box 1070
La Plata, MD 20646-1070
ATTN: Kim Stringer**

**Direct all inquiries to:
Kim Stringer at 301-609-4095 or via e-mail at: kstringer@umm.edu**



VOLUNTEEN PROGRAM

LETTER OF REFERENCE

TO: Name: _____

Position: _____

The above individual has applied to be a Volunteer at the University of Maryland Charles Regional Medical Center.

Volunteers learn about the hospital setting while assisting staff members and patients. They will spend between 4 and 30 hours each week at the University of Maryland Charles Regional Medical Center over the summer. Possible duties of Volunteers include: answering the phone, transporting patients in wheelchairs, making patient beds, reading to patients, refilling water pitchers, transporting laboratory specimens and more. This program replaces the traditional "candy striper."

Please help the Human Resources Department of University of Maryland Charles Regional Medical Center determine the eligibility of _____ to serve as a Volunteer by completing page 2 of this reference if you feel he/she will be successful in this program.

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**Human Resources Department ATTN: Kim Stringer
University of Maryland Charles Regional Medical Center
5 Garrett Ave; P.O. Box 1070
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**Direct all questions to:
Kim Stringer at 301-609-4095 or via e-mail at: kstringer@umm.edu**

LETTER OF REFERENCE (PAGE 2)

Please complete the following reference on the above applicant. We place great importance on a thorough screening of all our applicants, therefore we would appreciate a prompt and thoughtful response.

| | Above Average | Average | Below Average | No Knowledge |
|---------------------------------|------------------|---------|------------------|-----------------|
| Adaptability | | | | |
| Appearance | | | | |
| Attendance at Class | | | | |
| Communication: Verbal & Written | | | | |
| Dependability | | | | |
| Honesty | | | | |
| How Relates to Others | | | | |
| Initiative | | | | |
| Judgment | | | | |
| Maturity | | | | |
| Responsibility | | | | |
| Self-Expression | | | | |

Comments: _____

Signature: _____

Title: _____

Date: _____



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