



Volunteer Confidential Reference

Name of Applicant: _____

When complete, please seal return via mail below or email to volunteer@tgh.org:

**Tampa General Hospital
 Attn: Volunteer Services
 PO Box 1289
 Tampa, Florida 33601-1289**

The individual identified above has applied as a Volunteer at Tampa General Hospital.

How long have you known the applicant? _____

My knowledge of the applicant's character and competence is based on:

- Personal experience from close working relationship
- As a teacher
- Long-time observation
- Short-time observation
- Other (describe) _____

Please select the category for each section that would best fit your knowledge of the applicant's character or competence.

	Excellent	Good	Average	Fair	Poor	Unknown
Ability to accept supervision and direction graciously						
Ability to be flexible and adaptable according to changing needs						
Ability to comprehend and follow directions						
Ability to cope under pressure						
Ability to exhibit warmth, empathy, and patience						
Ability to maintain confidentiality						
Ability to problem solve						

	Excellent	Good	Average	Fair	Poor	Unknown
Ability to promote a positive image of a TGH Volunteer through professional conduct, appearance, and communication						
Ability to work independently and ask for clarification on assignments/tasks as needed						
Dependability (attendance, punctuality, etc.)						
Has clear written and verbal communication skills when interacting or providing information to others						
Listening Skills						
Treats others with respect, kindness, and dignity at all times						

Please check one of the below:

- Recommend without reservations
- Recommend with the following exceptions: _____

- Do not recommend. Please explain reason below.

Additional Comments:

Signature of person completing this form

Print name and title/credentials

Telephone

Email