



# HCMC ED PEER Program VOLUNTEER APPLICANT REFERENCE

**Applicant's Name:** \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Years Acquainted with Applicant: \_\_\_\_\_

This applicant has applied to be a volunteer at Hennepin County Medical Center. Please take a few moments to tell us about your experiences with this applicant who has named you as a reference. A candidate does not necessarily need to excel in all categories to be successful; different positions require different skills and abilities. Your comments will assist us in making an appropriate placement. Feel free to contact us at 612.873.2512 if you have any questions or concerns.

Check the column that most accurately describes this person:

	Above average		Average		Below average
Dependable					
Able to communicate clearly and effectively					
Flexible					
Able to follow instructions carefully					
Honesty/trustworthiness					
Able to deal with the public appropriately					
Able to work independently					
Able to work with a group					
Helpful attitude					

Would you recommend this person to work with children?

Can this person deal with sensitive human issues?

Please make any additional comments you believe would be beneficial (use back if needed):

Please return this form within five days to:

ED PEER Coordinator  
Hennepin County Medical Center  
701 Park Ave S., Mail Code R2  
Minneapolis MN 55415