



Volunteer Reference

Your name has been provided as a non-family, personal reference for: _____, who wishes to become a volunteer with us. Please answer the following questions, using additional pages if necessary, and return this form to the office indicated below. Thank you!

Your name	Relationship to potential volunteer	Phone
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For how long and in what capacity have you known this person?

What are three adjectives that describe him/her?

Does this person relate well to children? Any experience with sick children? Please provide examples if possible:

What skills does this person possess that will enable him/her to work well in a team environment?

Do you consider this person to be responsible? Please provide examples if possible.

Please rate the volunteer from 1 – 10 in the following areas, with 10 being the highest rating.
 Communication Skills ____; Responsibility ____; Sensitivity ____; Organizational skills ____;
 Dependability ____; Flexibility in schedule ____

Is there any additional information you could provide that would enable us to better assess the strengths, weaknesses and overall character of this potential volunteer?

Signature	Date
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Make-A-Wish Mid-Atlantic
 Volunteer Coordinator
 6555 Rock Spring Drive, Suite 280 | Bethesda, MD 20817
 Phone: 301-962-9474 | Fax: 301-656-2857
 Email: volunteer@midatlantic.wish.org



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