



**YAVAPAI REGIONAL
MEDICAL CENTER**

Proudly Caring for Western Yavapai County

VOLUNTEER REFERENCE FORM

Applicant Name: _____

This individual has applied to participate in the volunteer program at Yavapai Regional Medical Center. Please take a moment to complete the questionnaire and return it to the following location (**applicant, please circle campus where you will be volunteering**):

Volunteer Services Department
Yavapai Regional Medical Center
1003 Willow Creek Road
Prescott, AZ 86301

Volunteer Services Department
Yavapai Regional Medical Center
7700 E Florentine Rd
Prescott Valley, AZ 86314

How long have you known him/her? _____

How do you know him/her? _____

Please rate the person in each of the following areas on a scale of 1 to 10
(10 being the highest score):

Dependability _____

Responsibility _____

Good Interpersonal Skills _____

Additional comments:

Signature: _____

Thank you for your willingness to help the YRMC Volunteer Services Department