



## 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