



## Dignity Health Jr. Volunteer Reference Form

Dear Reference Provider,

Thank you for completing this form for \_\_\_\_\_,  
who has applied to our Dignity Health Summer Junior Volunteer Program.

Our Junior Volunteer Program is designed to inspire and encourage young individuals to explore healthcare as a potential career path. We aim to provide volunteers with the invaluable opportunity to observe and participate in various hospital areas, allowing them to gain a deeper understanding of healthcare delivery and cultivate a passion for positively impacting the community.

We receive numerous applications for this competitive program. Our selection process focuses on identifying students who exhibit a genuine desire to learn, demonstrate maturity, responsibility, and possess characteristics essential for a hospital environment.

As an educational leader who knows this student, your insights and recommendations are incredibly valuable to our evaluation process. We kindly request that you complete this form thoroughly. The applicant has been instructed to return this form in a **signed and sealed** envelope during their interview to maintain confidentiality.

Thank you in advance for your prompt and thoughtful response. Your feedback significantly contributes to identifying future healthcare leaders.

Sincerely,

Mario Medina

Manager, Volunteer Services

Central and West Valley Market



**Important Information for Reference Provider:**

Thank you for providing a valuable reference for our Junior Volunteer Applicant. Your insights are essential to our selection process and will be kept strictly confidential. This form should take approximately 10-15 minutes to complete. Please ensure the completed form is placed in a signed and sealed envelope before returning it to the applicant. If you have any questions, please feel free to contact Mario Medina at [Mario.Medina901@commonspirit.org](mailto:Mario.Medina901@commonspirit.org).

**Reference Provider Information:**

Your Full Name:

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Your Title:

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School Name:

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Contact Information:

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Relationship to Applicant (e.g., Teacher, School Counselor, Administrator, Mentor, Coach – please specify):

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How long have you known the applicant and in what capacity? Please provide specific examples of your interactions, if possible.

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## Section 1: Core Competency Evaluation

Please evaluate the applicant on the following skills and characteristics using the scale below. Place an 'X' in the appropriate box. If you select N/O for multiple skills, please elaborate on your relationship with the applicant in the open-ended questions

Rating Scale:

- N/O: No chance to observe (Cannot rate confidently).
- Poor: Rarely shows competency; major improvement needed.
- Average: Competency is inconsistent or basic.
- Good: Consistently demonstrates competency effectively.
- Excellent: Always shows outstanding competency; a role model.

Skill/Competency	N/O	Poor	Average	Good	Excellent
Takes responsibility for own actions and mistakes					
Follows through on commitments and assignments					
Committed to learning and intellectual curiosity					
Shows initiative and seeks out tasks when appropriate					
Acts appropriately and respectfully with peers and adults					
Demonstrates an understanding of appropriate boundaries					
Handles constructive criticism and feedback maturely					
Communicates clearly and respectfully					
Is consistently punctual and reliable					

## **Section 2: Open-Ended Questions**

Your qualitative insights are highly valued. Please provide comments for the following (if more space is needed, please feel free to attach an extra document with your answers):

What are the applicant's greatest strengths that would make them a successful junior volunteer in a healthcare setting?

Are there any areas where the applicant could benefit from further development that might impact their performance in a volunteer role?

Please include any additional comments or information that you believe would be helpful in evaluating this applicant for the Summer Junior Volunteer Program.

**Section 3: Overall Recommendation**

Based on your experience and observations, please select one of the following:

- ☐ Strongly Recommend: I recommend this applicant without reservation.
- ☐ Recommend: I recommend this applicant.
- ☐ Recommend with Reservations: I recommend this applicant, but have some reservations (please explain below).
- ☐ Do Not Recommend: I do not recommend this applicant for this program (please explain below).

If you selected "Recommend with Reservations" or "Do Not Recommend," please explain your decision:

**Confidentiality Statement & Signature**

I understand that the information provided in this reference form will be held in strict confidence and used solely for the purpose of evaluating the applicant for the Dignity Health Summer Junior Volunteer Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this completed form in a signed and sealed envelope to the applicant.