

RECOMMENDATION FORM

Date: _____ Name of Applicant: _____

The individual named above has applied to become a volunteer at St. John's Regional Medical Center or St. John's Pleasant Valley Hospital.

The applicant has designated you as a reference and it is understood that you have a knowledge of his/her qualification and fitness.

We rely upon well-informed individuals like you to assist us in our selection of volunteers who will maintain high standards of performance in our hospital.

The above applicant will not be called for an interview until we have received this form. Please complete the following questions by expressing your honest opinion of this individual.

Thank you for your assistance.

Sincerely,

Stephanie Garofalo
Manager of Volunteer Services



St. John's Regional Medical Center
1600 North Rose Avenue
Oxnard, CA 93030
direct 805.988.2500

St. John's Pleasant Valley Hospital
2309 Antonio Avenue
Camarillo, CA 93010
direct 805.389.5800

REFERENCE FORM

Name of Applicant: _____ Date: _____

1. How long have you known this applicant? _____

2. In what capacity do you know her/him? _____

3. Is the applicant dependable? _____

4. What do you see as his/her weaknesses? _____

5. What life experiences best qualify her/him to be a volunteer? _____

6. How does the applicant interact with people? _____

7. What concerns, if any, would you have about him/her working at St. John's Regional Medical Center or St. John's Pleasant Valley Hospital as a volunteer? _____

8. What do you think the applicant will gain from his/her participation in our volunteer program? _____

Signature: _____ Name: _____

Address: _____ Phone # _____



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