

Kern Medical Auxiliary

Junior Volunteer Reference Form

Applicant Name _____

Reference Name (must be a teacher, counselor, principal or employer) _____

The above named applicant is applying to the Junior Volunteer Program at Kern Medical. This program offers an opportunity for students to learn the value of community service and become acquainted with the many career possibilities offered at Kern Medical. Please hand completed application back to the applicant in a sealed and signed envelope. Thank you!

How long have you known the applicant and in what capacity? _____

Can you depend on this student to complete assigned tasks? Please provide examples or qualities that support this. _____

Do you feel this student will fulfill a once a week volunteer duty? Please provide an example of time management. _____

Does this student act maturely and respectfully around both adult and peer groups? Please provide an example of this behavior. _____

Please provide any other helpful information as it relates to being a volunteer and working in the hospital so that we can make an appropriate assignment.

Do you recommend the applicant as a Junior Volunteer? _____

Signature _____ Date _____