

VOLUNTEEN PROGRAM

REFERENCES

Please print this document.

Instructions:

Provide reference forms to individuals who know you well enough to attest that you would be a good candidate for the Volunteen Program.

Reference sources could include school counselors, teachers, employers, clergy, or similar individuals and should not include peers, relatives, or friends.

Two letters of reference are required to be submitted to determine eligibility for the University of Maryland Charles Regional Volunteen Program.

Completed reference forms must be returned by **May 15th** one of the following ways:

- Email to kstringer@umm.edu
- Fax to 301-609-4417
- Dropped off by the Volunteen applicant
- Mail to:

**Human Resources Department
University of Maryland Charles Regional Medical Center
5 Garrett Ave
P.O. Box 1070
La Plata, MD 20646-1070
ATTN: Kim Stringer**

**Direct all inquires to:
Kim Stringer at 301-609-4095 or via e-mail at: kstringer@umm.edu**



VOLUNTEEN PROGRAM

LETTER OF REFERENCE

Volunteer Applicant Name: _____

Reference Name: _____

The above Volunteer applicant has applied to be a Volunteer at the University of Maryland Charles Regional Medical Center.

Volunteers learn about the hospital setting while assisting staff members and patients. They will spend between 4 and 12 hours each week at the University of Maryland Charles Regional Medical Center over the summer. Possible duties of Volunteers include: assisting clinical staff with patient care duties, performing administrative tasks, providing excellent customer service, and so much more.

Please help the Human Resources Department of University of Maryland Charles Regional Medical Center determine the eligibility this Volunteer applicant to serve as a Volunteer by completing page 2 of this reference if you feel he/she will be successful in this program.

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- Mail to:

**Human Resources Department ATTN: Kim Stringer
University of Maryland Charles Regional Medical Center
5 Garrett Ave; P.O. Box 1070
La Plata, MD 20646-1070**

**Direct all questions to:
Kim Stringer at 301-609-4095 or via e-mail at: kstringer@umm.edu**

LETTER OF REFERENCE (PAGE 2)

Please complete the following reference on the above applicant. We place great importance on a thorough screening of all our applicants, therefore we would appreciate a prompt and thoughtful response.

	Above Average	Average	Below Average	No Knowledge
Adaptability				
Appearance				
Attendance at Class				
Communication: Verbal & Written				
Dependability				
Honesty				
How Relates to Others				
Initiative				
Judgment				
Maturity				
Responsibility				
Self-Expression				

Comments: _____

Signature: _____
Title: _____
Date: _____

VOLUNTEEN PROGRAM

LETTER OF REFERENCE

Volunteen Applicant Name: _____

Reference Name: _____

The above Volunteen applicant has applied to be a Volunteen at the University of Maryland Charles Regional Medical Center.

Volunteens learn about the hospital setting while assisting staff members and patients. They will spend between 4 and 12 hours each week at the University of Maryland Charles Regional Medical Center over the summer. Possible duties of Volunteens include: assisting clinical staff with patient care duties, performing administrative tasks, providing excellent customer service, and so much more.

Please help the Human Resources Department of University of Maryland Charles Regional Medical Center determine the eligibility this Volunteen applicant to serve as a Volunteen by completing page 2 of this reference if you feel he/she will be successful in this program.

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