



## REFERENCE FORM

**Instructions:** This form should be completed by a counselor, clergy member or teacher you have known for at least one year. Upon completion, please have your reference mail or scan and e-mail this form to:

Mail: Volunteer Services Tift Regional Health System 901 E. 18th Street, Tifton, GA 31794 or

E-mail: [emily.lamontagne@tiftregional.com](mailto:emily.lamontagne@tiftregional.com) For questions or to give a reference by phone, please call (229) 353-7590.

The above individual has applied with Tift Regional Health System to serve as a teen volunteer and is providing you as their reference. Students accepted into this program should be punctual, reliable, and have a sincere interest in volunteering. Any information you give will be held in strict confidence. Please do not return this form to the student.

Please check the appropriate box in each category: Category Excellent Good Adequate Weak Personal Please check the appropriate box in each category:

	Excellent	Good	Adequate	Weak
Character				
Maturity				
Interpersonal Skills				
Attendance/Punctuality				
Motivation/Work Ethic				
Communication Skills				
Integrity				
Leadership Skills				

Please provide a personal statement explaining your knowledge of the applicant and why you believe he or she would or would not be successful as a volunteer. Please feel free to use the back of this form for additional space.

\_\_\_\_\_  
\_\_\_\_\_

Name of counselor/clergy member/teacher \_\_\_\_\_

Name of school/church \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_