



Salina Regional Health Center

Student Volunteer Program Reference Form

Thank you for agreeing to complete this reference for a Summer Student Volunteer applicant! Your knowledge of the applicant's abilities & interpersonal relationships will help in evaluating and placing the student.

Marsha Haskett, Salina Regional Volunteer Department mkhasket@srhc.com

Student Name _____ Date _____

Your Name _____ Your Profession/Job _____

Describe your relationship to the student:

How long have you known the student?

What special qualities will the student bring to the healthcare environment?

Please rank all areas in which you have knowledge of the student:

Area	Excellent	Good	Fair	Poor	NA
Academic Achievement					
Pride in Appearance and Conduct					
Courteous and Caring Attitude					
Dependability and Punctuality					
Curiosity and Eagerness to Learn					
Cheerful and Positive Nature					
Respect for Supervisors					
Thorough and Efficient Work Habits					
Leadership Traits					
Cooperation with Peers					

Please state any special considerations, if any, that you feel should be made in placing the student.

Signature _____

Phone _____

Please place this completed form in a sealed envelope with your signature across the seal and return it to the student as soon as possible. Students must have references in hand when they report for their scheduled interviews. *THANK YOU!*