



VOLUNTEER REFERENCE FORM

Applicant Name: _____

This individual has applied to participate in the volunteer program at Dignity Health, Yavapai Regional Medical Center. Please take a moment to complete the questionnaire and return it to the following location (***applicant, please circle campus where you will be volunteering***):

Volunteer Services Department
Dignity Health, YRMC
1003 Willow Creek Road
Prescott, AZ 86301

Volunteer Services Department
Dignity Health, YRMC
7700 E Florentine Rd
Prescott Valley, AZ 86314

How long have you known him/her? _____

How do you know him/her? _____

Please rate the person in each of the following areas on a scale of 1 to 10
(10 being the highest score):

Dependability _____

Responsibility _____

Good Interpersonal Skills _____

Additional comments:

Signature: _____

Thank you for your willingness to help the Dignity Health, YRMC Volunteer Services Department