



Auxiliary Volunteer Confidential Reference

(Please note that references cannot be from friends or family)

Name of Applicant: _____

When complete, please return via mail to address below or email to volunteer@tgh.org:

Tampa General Hospital
Attn: Gisela Yecora, Auxiliary Coordinator
Volunteer Services
PO Box 1289
Tampa, Florida 33601-1289

The individual identified above has applied as an Auxiliary Volunteer at Tampa General Hospital.

How long have you known the applicant? _____

My knowledge of the applicant's character and/or competence is based on:

- Personal knowledge from close working relationship
- As a teacher
- Long-time observation
- Short-time observation
- Other (describe) _____

Please select the category for each section that would best fit your knowledge of the applicant's character or competence.

	Excellent	Good	Average	Fair	Poor	Unknown
Ability to accept supervision and direction graciously						
Ability to be flexible and adaptable according to changing needs						
Ability to comprehend and follow directions						
Ability to cope under pressure						
Ability to exhibit warmth, empathy, patience						
Ability to maintain confidentiality						

	Excellent	Good	Average	Fair	Poor	Unknown
Ability to problem solve						
Ability to promote a positive image of TGH Volunteer through professional conduct, appearance, and communication						
Ability to work independently and will ask for clarification on assignments/tasks as needed						
Dependability (attendance, punctuality)						
Have clear written and/or verbal communications skills when interacting or providing information to others						
Listening Skills						
Treats others with respect, kindness and dignity at all times						

Please check one of the below:

- Recommend without reservations
- Recommend with the following exceptions: _____

- Do not recommend

Additional Comments:

Signature of person completing this form

Print name and title/credentials

Telephone

Email