

**General Reference Inquiry**  
**UNC Health Rockingham**  
**Youth Volunteer Program**

Each applicant must complete at least two reference inquiries. This reference inquiry may be completed by any reference of your choice. If returned to the student, the reference inquiry must be in a sealed, signed envelope.

Student's Name \_\_\_\_\_

Reference Name: \_\_\_\_\_

In what context have you known the applicant? \_\_\_\_\_

On a scale from 1 to 5, (with five being the best) please rate the applicant based upon your experiences:

- \_\_\_\_\_ Interactions and relationships with adults
- \_\_\_\_\_ Interactions and relationships with children
- \_\_\_\_\_ Handles stress
- \_\_\_\_\_ Dependability
- \_\_\_\_\_ Spontaneity and ability to change to fit a situation
- \_\_\_\_\_ Dedication to the job at hand
- \_\_\_\_\_ Energy level
- \_\_\_\_\_ Overall opinion of applicant

Would you recommend that we accept this applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

Please briefly describe why you would or would not recommend this applicant for volunteer service at UNC Rockingham Health Care:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Best Contact Number

Please send this completed form to UNC Health Rockingham Volunteer Services, 117 E. Kings Highway, Eden, NC 27288 by April 30.

**\*\*If this form is given back to the student to turn in, please place in a sealed envelope with signature on flap.**