



Applicant's Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ How long have you known Applicant: \_\_\_\_\_

The person listed above has applied to be a volunteer at Masonicare Health Center. Please take a few moments to tell us about your experience with the applicant. This will help us evaluate the applicant's abilities and suitability for this kind of volunteer work. A volunteer does not necessarily need to excel in all categories to be successful; different positions require different skills and abilities. Your comments will assist us in making an appropriate placement.

✧ **Check the column that most accurately describes the applicant:**

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
✧ <i>Dependable</i>			
✧ <i>Able to Communicate Clearly and Effectively</i>			
✧ <i>Flexible</i>			
✧ <i>Able to follow Instructions Carefully</i>			
✧ <i>Honesty/Trustworthiness</i>			
✧ <i>Able to deal with the Public Appropriately</i>			
✧ <i>Able to work Independently</i>			
✧ <i>Able to work with a Group</i>			
✧ <i>Helpful Attitude</i>			

✧ **Would you recommend this person to work with Seniors or possibly Children?**  
 \_\_\_\_\_  
 \_\_\_\_\_

✧ **Can this person deal with Sensitive human issues?**  
 \_\_\_\_\_  
 \_\_\_\_\_

✧ **Please make any additional comments you feel would be beneficial below.**  
 \_\_\_\_\_  
 \_\_\_\_\_

✧ Please Email to: [CYOUNG@MASONICARE.ORG](mailto:CYOUNG@MASONICARE.ORG) or [MSANTIAG@MASONICARE.ORG](mailto:MSANTIAG@MASONICARE.ORG)  
 ✧ Or please Mail to: Volunteer Services, P.O. Box 70, Wallingford, CT 06492  
 ✧ Or Please contact: [Carla @203-679-6253](tel:203-679-6253) or [Maria @203-679-5980](tel:203-679-5980), with any questions or comments.

Thank You So Much!