I have applied to volunteer at a Saint Luke’s Health System (SLHS) location and have given your name as a personal reference.

Please return signed document to: _____________________________

Location Name (listed on Page 1) _____________________________

_______ _______ _______ _______ _______ 

Email or Fax Number _____________________________

Applicant Printed Name _____________________________

Applicant Signature _____________________________

Date _____________________________

Guardian Printed Name _____________________________

Guardian Signature (consent if under 18 yrs) _____________________________

Date _____________________________

Name of personal reference _____________________________

Relationship to Applicant (not a relative) _____________________________

How long have you known the applicant? _____________________________

<table>
<thead>
<tr>
<th>Please rate applicant skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Unacceptable</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respectful of others</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Relates well to all age groups</td>
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<tr>
<td>Open to new ideas and change</td>
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<tr>
<td>Reliable/dependable</td>
<td></td>
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</tr>
</tbody>
</table>

Additional Comments _____________________________

Reference Printed Name _____________________________

Reference Signature _____________________________

Date _____________________________

Reference Email _____________________________

Reference Phone _____________________________