



Department of Volunteer Services Reference

_____ has applied to Dana-Farber Cancer Institute to be a volunteer. It is mandatory that all applicants submit two professional references.

Would you please complete the following by checking the appropriate box and returning the completed form to: Volunteer Services, DFCI, 44 Binney Street G140, Boston, MA 02115.

	Excellent	Very Good	Average	Fair	Poor
Promptness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demeanor/Disposition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work on a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to understand and follow policies and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to fulfill commitments and responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to follow instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any additional comments:

Your name: _____

Relationship to the prospective volunteer: _____

Your Company/Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Signature: _____ **Date:** _____

Thank you for your time.