



**WEST HOUSTON
MEDICAL CENTER**

Volunteer Services Department
12141 Richmond Avenue
Houston, TX 77082

Volunteer Applicant: _____

The above named has applied to be a volunteer at West Houston Medical Center and has listed you as a personal reference on the application giving us permission to contact you. It is our policy to check references on our applicants due to the sensitive nature of the healthcare business.

On the back is our Volunteer Services Reference Check Form. We ask that you please complete this form for the applicant and return it to me at the above address as soon as possible. It may be faxed to me at (281) 596-5975.

If for any reason you can't or choose not to complete this form, please notify me at (281) 588-8261 or contact the applicant. We must have all references completed prior to proceeding with the application process.

Thank you for your assistance.

Shabana Qureshi

Shabana Qureshi
Marketing, H2U and Volunteer Coordinator
West Houston Medical Center
12141 Richmond Avenue
Houston, TX 77082



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West Houston Medical Center strives to care for people through the provision of high quality medical services. Volunteers play a large role in delivering quality services, by serving in a variety of positions throughout the organization. Volunteers must possess self-motivation and maturity. This form assesses the applicant's ability to fulfill the responsibilities involved in our volunteer programs.

Shabana Qureshi
Volunteer Coordinator

Name of applicant: _____

How long have you known applicant? _____

In what capacity have you known the applicant? _____

- Ratings:**
- 1. Needs improvement**
 - 2. Fair**
 - 3. Very good**
 - 4. Outstanding**

1. Displays courtesy, tact, patience.	1	2	3	4
2. Works well with a diverse population.	1	2	3	4
3. Exhibits interest and enthusiasm for a volunteer position.	1	2	3	4
4. Accepts supervision in a positive way.	1	2	3	4
5. Seeks opportunity to improve and advance.	1	2	3	4
6. Accepts responsibility and commitment.	1	2	3	4
7. Is dependable and punctual.	1	2	3	4

Other comments: _____

Date: _____ Signature: _____

Printed Name: _____

Address: _____

Phone number: _____