

# Volunteer Services Program Personal Reference Form



Fred Hutch · Seattle Children's · UW Medicine

The Seattle Cancer Care Alliance is a partnership between the Fred Hutchinson Cancer Research Center, UW Medicine, and Seattle Children's. Patients come from different parts of the country and around the world for high quality cancer treatment. Patients and their family members are in a vulnerable situation while they cope with a difficult medical treatment in an unfamiliar city, often without the support of friends and extended family. We are fortunate to have dedicated volunteers who provide vital practical and social support in a variety of ways.

Every volunteer must be able to support patients and family members in a positive and compassionate manner, while maintaining emotional boundaries. Please provide an honest and complete summary of your impressions of the applicant. If you have any questions, please call our Volunteer Coordinator at **(206) 288-1072**. Thank you for your assistance.

Prospective volunteer's name

	Low		Average		High
Displays courtesy, tact and patience	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Respectful of diverse lifestyles, cultures and religions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is dependable and punctual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Accepts responsibility and supervision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Shows compassion for other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Communicates well and is an active listener	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Maintains emotional health and boundaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

How long have you known the prospective volunteer and in what capacity?

Has the volunteer applicant experienced a major life transition during the last two years (such as the death of a loved one, serious illness, etc.) that might affect his/her ability to serve as a volunteer? If yes, please explain.

Please share any additional comments about the volunteer applicant.

Your name

Today's date

Your email address

Your phone number

Submit form