

PERSONAL REFERENCE FORM

TO BE COMPLETED BY AN ADULT - OTHER THAN FAMILY

NAME OF CANDY STRIPER/CADET APPLICANT

The above student has applied to our CANDY STRIPER/CADET program. This program requires discipline, responsibility, a pleasing personality, the ability to get along with others, personal neatness and the ability to accept and follow instructions.

In the hospital environment, the student must respect all information concerning the hospital and the patient as confidential.

Our program is designed to teach, expose the student to the hospital and encourage an interest in the Health Care field.

Would you kindly complete the questions below and return it in a sealed envelope marked clearly CANDY STRIPER/CADET CONVENER to the hospital Gift Shop as soon as possible. This student will not be considered for the program until all forms are completed. Thank you for your time.

All information is strictly confidential and for the use of the Convenor only.

General Attitude: _____

Ability To Get Along With Others: _____

Dependability: _____

Ability To Follow Instructions: _____

How Long Have You Known Applicant? _____ Very Well _____ Slightly _____

I Would Definitely: Highly Recommend _____ Recommend With Reservation _____
Not Recommend At This Time _____

Do You Have Any Information Or Comments Concerning The Applicant's Honesty Or Integrity?
No _____ Yes (explain) _____

Additional Comments: _____

Signature : _____ Relationship : _____ Phone # _____