

THE UNIVERSITY OF KANSAS HOSPITAL

Personal Reference Form

Note: Your reference must be someone who is not related to you.

I (reference) _____ am completing this Personal Reference Form
for (applicant) _____.

My address is: _____

My phone or cell phone number is: _____

Please answer the following questions; your responses will be kept confidential.

1. How long have you know him/her and in what capacity? _____

2. What can you tell us about him/her? _____

3. Describe any notable strengths: _____

4. Describe any notable weakness: _____

5. Please choose **10** traits that best describe the applicant:

- | | | | |
|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Outspoken | <input type="checkbox"/> Detail Oriented | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Structured | <input type="checkbox"/> Needy | <input type="checkbox"/> Approachable | <input type="checkbox"/> Sociable |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Good listener | <input type="checkbox"/> Independent | <input type="checkbox"/> Extrovert |
| <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Self-starter | <input type="checkbox"/> Organized | <input type="checkbox"/> Versatile |
| <input type="checkbox"/> Productive | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Punctual |
| <input type="checkbox"/> Controlling | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Adaptable | <input type="checkbox"/> Considerate |
| <input type="checkbox"/> Receptive | <input type="checkbox"/> Likes routine | <input type="checkbox"/> Practical | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Discouraged | <input type="checkbox"/> Questioning | <input type="checkbox"/> Logical | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Motivated | <input type="checkbox"/> Good natured | <input type="checkbox"/> Reliable | <input type="checkbox"/> Proud |
| <input type="checkbox"/> Loyal | <input type="checkbox"/> Resourceful | <input type="checkbox"/> Non-judgmental | <input type="checkbox"/> Fun |

Signature _____ Date _____

Please return this personal reference form to:

The University of Kansas Hospital
Attn: Volunteer Services
3901 Rainbow Boulevard, Mailstop 1021
Kansas City, KS 66160
FAX: 913-588-0278 Phone: 913-588-6560
Email: volunteerapplications@kumc.edu