



RUSK COUNTY MEMORIAL HOSPITAL AND NURSING HOME

900 College Avenue West

Ladysmith, Wisconsin 54848

Phone 715/532-5561

INSTRUCTIONS TO VOLUNTEER APPLICANT: Please complete and sign the TOP portion of this Volunteer application reference release and **RETURN IT WITH YOUR AUXILIARY VOLUNTEER APPLICATION SO WE MAY SEND IT TO YOUR DESIGNATED PERSONAL REFERENCE.**

PLEASE PRINT ALL INFORMATION

Name of Reference _____

(Not related to you and whom you have known at least one year)

Address _____

City _____ State _____ Zip _____

Telephone # _____

Name of applicant: _____ is being considered for the position of Auxiliary Volunteer at Rusk County Memorial Hospital and Nursing Home. We would appreciate it if you would complete the information below and return it to the facility in the enclosed envelope. Since acceptance as a volunteer is pending, both the facility and applicant would appreciate an early reply.

I HEREBY AUTHORIZE YOU TO SUPPLY THE REQUIRED INFORMATION AND WAIVE ALL CLAIMS AGAINST YOU FOR RELEASE OF THIS INFORMATION UNDER THESE CIRCUMSTANCES. THANK YOU.

(Signature of Volunteer Applicant)

(Date)

PERSONAL REFERENCE

How well do you know the applicant? Slightly Well Very Well

Years known _____ What is your relationship to the applicant? _____

Have you any knowledge of the applicant in the last 12 months? _____

	Above Average	Average	Below Average	No Knowledge
Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Signature)

(Title)

(Date)