



General Reference Inquiry
2026 Youth Volunteer Program

Each applicant must complete at least two reference inquiries. This reference inquiry may be completed by any reference of your choice. If returned to the student, the reference inquiry must be in a sealed, signed envelope.

Student's Name \_\_\_\_\_

Reference Name: \_\_\_\_\_

In what context do you know the applicant? \_\_\_\_\_

On a scale from 1 to 5, (with five being the best) please rate the applicant based upon your experience:

- Interactions and relationships with adults
Interactions and relationships with children
Handles stress
Dependability
Spontaneity and ability to change to fit a situation
Dedication to the job at hand
Energy level
Overall opinion of applicant

Would you recommend that we accept this application? Yes \_\_\_\_\_ No \_\_\_\_\_

Please briefly describe why you would or would not recommend this applicant for volunteer service at UNC Health Rockingham:

Three horizontal lines for describing the recommendation.

Signature

Best Contact Number

Please send this completed form to UNC Health Rockingham Volunteer Services, 117 E. Kings Highway, Eden, NC 27288 by Monday, April 6, 2026. \*\*\*\*If this form is given back to the student to turn in please place in a sealed envelope with signature on flap.