



Please mail directly to: Director of Volunteer Services
Ronald McDonald House of Winston-Salem
419 South Hawthorne Road
Winston Salem, NC 27103
Fax: 336.723.0302

CONFIDENTIAL REFERENCE FORM

_____ has applied for a volunteer position at the
Ronald McDonald House of Winston-Salem and has given your name as a reference.

The Ronald McDonald House of Winston-Salem provides a "home away from home" for families of children who are receiving medical care in our community's hospitals. The House and Family Support programs offer physical comforts, emotional support, education, and referral services designed to promote the well-being of the whole family.

We are able to offer this refuge for families through the help of many Ronald McDonald House volunteers. Volunteers help with day-to-day operations and, depending on their specific role, interact with families staying at the Ronald McDonald House.

Thank you for taking the time to give us an impression of the abilities and attitudes of this applicant by circling all of the words below that best describe this person.

respectful	flighty	optimistic	exceptional	friendly
needs direction	easy going	stable	neat & tidy	negative
presentable	thoughtful	open-minded	bossy	unreliable
cooperative	energetic	takes direction	team player	cautious
dishonest	adaptable	dependable	attentive	mature
follows rules	compassionate	quiet	leader	organized
cheerful	trustworthy	resourceful	lacks motivation	takes control
diplomatic	deliberate	tactful	people person	flexible

OVER, PLEASE

Ronald McDonald House Confidential Reference Form

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Please comment on the following:

In what capacity and for how long have you known the applicant?

How would you describe this applicant's sense of responsibility?

What unique qualities do you feel this applicant will bring to our program?

Volunteer roles are vital to the Ronald McDonald House. Would you feel comfortable asking the applicant to represent your own organization?

Would you like to share anything else about the applicant?

Signature: _____ Date: _____

Please Print Name: _____

Phone Number: _____ Email: _____

Thank you for completing this reference from.

If you have further questions, please contact
Abby Bowman, Director of Volunteer Services
abbyb@rmhwinstonsalem.org or 336.723.0228 x1003
www.rmhwinstonsalem.org

