

Volunteer Services Reference E-175 Taylor Care Pavilion 100 Woods Road Valhalla, New York 10595 Fax references to (914) 493-8638 Phone (914) 493-7850

Name of Reference:Address:		
position at Westchester Medical Cas a reference. Please answer the	(applicant's na Center/Maria Fareri Child following questions and r	
1. How long have you known him	n/her and in what capacity	?
2. What can you tell us about him		
4. Describe any notable weakness	·	
Structures Dependable Trustworthy Productive Controlling Receptive Discouraged Motivated Loyal Non-judgmental Creative	Outspoken Needy Good listener Self-starter Compassionate Disorganized Likes routine Questioning Good natured Resourceful Confident Considerate	Detail oriented Fun Independent Organized Versatile Adaptable Practical Logical Reliable Punctual Honest Sociable
Reference Signature		
Relationship to applicant		