Dorchester General Hospital Foundation, Inc.

P.O. Box 101 • Cambridge, MD 21613

REFERENCE / QUESTIONNAIRE GUIDE

To be completed by an instructor, guidance counselor or supervisor. A reference may not be a family member.

STUDENT'S NAME: _____

How long have you known the applicant? _____

Describe the applicant's strengths and give examples:
Describe the applicant's work habits, i.e., punctuality, organization, interest, attitude, sense of responsibility, etc.
Areas in which the applicant could improve.

Name of Reference Person: _____

Title: _____

(Please use the back for any additional comments.)