City of Loma Linda Senior Center
VOLUNTEER RECOMMENDATION FORM

City Manager’s Department: (909) 799-2810

To be completed by volunteer:

Date: ____________________

Name of Applicant: _______________________________________ 

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The individual named above has applied to become a volunteer at
the City of Loma Linda Senior Center. Please complete the
following as honestly as possible to aid us in our screening
process. The above applicant will not be allowed to begin
orientation to our programs until we have received this form, so
please return it promptly.

Thank you.

Joanne Heilman
Executive Assistant

1.  How long have you known this applicant?

2.  What is the nature of your interaction with this applicant?

3.  What are this applicant’s strengths?

4.  How would you describe this applicant’s interaction:
   a.  With children?
   b.  With adults?
5. Would you describe this applicant as:

Reliable? □ Yes □ No
Demonstrating initiative? □ Yes □ No
Dependable? □ Yes □ No
An independent worker? □ Yes □ No

6. Is there anything more you would like to share with us regarding this applicant’s suitability as a Senior Center volunteer?

Your Name: ____________________________________

Phone Number: _________________________________

How have you worked with this applicant? Please describe.

Thank you for your input.