RFC Undergraduate Volunteer Referral Form: 2018

**\*Please note that this referral form is for applicants who are interested in participating with the RFC medical clinic services. This opportunity is open to all current UCR undergraduates.**

**\*\*Referrer must know student in a professional capacity - can not be an undergraduate.**

Letter is confidential. I waive my right to view this referral form.

Letter is not confidential. I do not waive my right to view this referral form.

|  |  |
| --- | --- |
| **Students Name:** | **Students Signature (can be typed):** |

**Referrals will be accepted NO later than Friday, May 4th, 2018 at 11:59 pm.**

|  |  |
| --- | --- |
| **Name of Evaluator:** | **Title/Position:** |
| **Email:** | **Place of employment:** |
| **Date:** | **Evaluator Signature (can be typed):** |

*To be filled out by the evaluator and emailed to Jonathan Do at* [rfcugadmissions@gmail.com](mailto:rfcugadmissions@gmail.com)

1. **How long have you known the student, and in what capacity? Please limit your response to 300 words or less.**
2. **Please check the box that pertains to the student’s ability in each of the listed skill sets.**

|  |  |
| --- | --- |
| **Initiative** | **Explanation/Comments:** |
| Excellent  Above Average  Average  Below Average |  |

|  |  |
| --- | --- |
| **Communication Skills** | **Explanation/Comments:** |
| Excellent  Above Average  Average  Below Average |  |

|  |  |
| --- | --- |
| **Intellectual Ability** | **Explanation/Comments:** |
| Excellent  Above Average  Average  Below Average |  |

|  |  |
| --- | --- |
| **Desire to Serve** | **Explanation/Comments:** |
| Excellent  Above Average  Average  Below Average |  |

|  |  |
| --- | --- |
| **Reliability** | **Explanation/Comments:** |
| Excellent  Above Average  Average  Below Average |  |

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