

**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.