

Undergraduate Volunteer Application: Pharmacy



RFC Undergraduate Referral Form I [2024-2025](#)

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

Name of student:	Student Signature (Can be typed):
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Referrals will be accepted NO LATER than Wednesday, May 29, 2024 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 Amy Nguyen: pharmacy@riversiderhc.com

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

Intellectual Ability	Explanation/Comments
<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	

Initiative	Explanation/Comments
<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	

Communication Skills	Explanation/Comments
<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	

Desire to Serve	Explanation/Comments
<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average	

Reliability	Explanation/Comments

<ul style="list-style-type: none"><input type="checkbox"/> Excellent<input type="checkbox"/> Above Average<input type="checkbox"/> Average<input type="checkbox"/> Below Average	
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