

Undergraduate Volunteer Application: Pharmacy



RFC Undergraduate Referral Form | [2026-2027](#)

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 Thursday, May 28th, 2026 at 11:59pm

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 Fabella Sarwono at pharmacy@riversidesrhc.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.

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

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

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

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

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