



REFERENCE FOR VOLUNTEER APPLICANT

Date: _____

Dear: _____,

_____ has applied to our hospital to serve as a volunteer. Your name was given as a **personal reference**. Because the nature of our volunteer positions could require direct contact with our patients, it is important that we know about the applicant's ability in relating to people. It is very necessary in making a placement that we know the strengths of the applicant. Any comments that you make will be kept confidential. ***We would appreciate your completing the form and returning it to us as soon as possible:***

Sparrow Health System Volunteer Services Department
1215 East Michigan Avenue
P.O. Box 30480
Lansing, MI 48909-7980

Thank you for your assistance.

Sincerely,
Melissa Sherry
Director, Volunteer Services

RELEASE OF INFORMATION

For the purposes of consideration of any application to volunteer at Sparrow Health System, I give my permission to the above to release reference information to the Volunteer Services Department of Sparrow Health System.

Signed: _____ Date: _____

SPARROW HEALTH SYSTEM VOLUNTEER PERSONAL REFERENCE

Name of Applicant:

How long have you known this person and in what capacity?

Please comment on the following:

Quality of work (if known): _____

Communication skills: _____

Dependability: _____

Judgment: _____

Is there anything we might do to help this individual be successful in a volunteer role?
Please explain:

Please describe any special skills, strengths, and abilities that this person has:

Additional comments:

Signature

Date

Relationship to applicant:
