



# Volunteer Reference Form

## To be completed by the Volunteer Applicant

This form must be completed by a personal reference to whom you are not related.

Applicant Name

Today's Date

## To be completed by the Reference

The person named above is applying to become a Volunteer at Sibley Memorial Hospital. Please complete this form (**type or print clearly**) and return it to the Applicant in a sealed envelope so that it may be submitted with the rest of the Application Packet. You may contact the Volunteer Office with any questions or if further comments are necessary.

Name

Phone Number

Address

How long have you known the Applicant? \_\_\_\_\_

Relationship to Applicant

What are the first words that come to mind to describe the applicant? \_\_\_\_\_

Would you have any reservations in recommending the Applicant to participate in the Sibley Memorial Hospital Volunteer Service Program? Why or why not? In addition, you may use this space to include anything else about the applicant that may help in determining his/her qualifications.

I hereby certify that the above answers are complete and accurate: \_\_\_\_\_

Initial and Date