



USA CHILDREN'S & WOMEN'S HOSPITAL
 Department of Volunteer
 Services
 Recommendation Form

This form should be completed by a personal/education/professional reference and submitted with your volunteer application. Person completing the form *may not* be a relative. For teens, this form must be completed by school personnel.

Volunteer Applicant's Full Name _____

Person giving the reference _____

Reference address _____

Phone _____ Relationship to applicant _____

Would you recommend this individual to volunteer at USA Children's & Women's Hospital? _____ Yes
 _____ No

Please describe the applicant's interpersonal relationship skills – how do they get along with people?

Rate the following qualities with A (excellent) B (satisfactory) C (needs attention)

Attitude _____ Dependability _____ Appearance _____

Is there additional information that you would like to share about the applicant?

Reference Signature _____ Date _____

Recommendations should be returned to applicant in a sealed envelop.

Applicant must submit TWO recommendation forms with completed application and health assessment form.