



## VOLUNTEER REFERENCE FORM

APPLICANT'S NAME \_\_\_\_\_

REFERENCE NAME \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can the applicant maintain confidentiality? Explain: \_\_\_\_\_

\_\_\_\_\_

Is the applicant responsible and dependable? \_\_\_\_\_

\_\_\_\_\_

Tell us about the applicant as it relates to being a volunteer and working with a diverse group of patients, family members and staff, so that we make the appropriate assignment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you recommend the applicant as a hospital volunteer? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN REFERENCES: Attn: Donna Davis [ddavis2@unch.unc.edu](mailto:ddavis2@unch.unc.edu)**  
Or fax to 919-966-1389