



Volunteer Applicant Name: _____

Reference No. 1

Name of Reference: _____

What is the best way to reach you if we have questions about this volunteer applicant?

Email: _____ Cell phone #: _____

How long have you known the applicant? _____

In what capacity have you known this applicant: _____

I am not a relative of this applicant. ___ True ___ False

What do you believe to be this applicant's greatest strength? _____

Are you aware of any weaknesses that may prevent this applicant from being a volunteer at The Children's Hospital of San Antonio? _____

Please tell us about this applicant's work ethic: _____

Please add any additional comments that you would like to make on behalf of this applicant: _____

Signature of Reference _____ Date _____

Thank you for taking time to recommend this applicant as a volunteer at The Children's Hospital of San Antonio.

Volunteer Applicant's Name : _____





Reference No. 2

Name of Reference: _____

What is the best way to reach you if we have questions about this volunteer applicant?

Email: _____ Cell phone #: _____

How long have you known the applicant? _____

In what capacity have you known this applicant: _____

I am not a relative of this applicant. True False

What do you believe to be this applicant's greatest strength? _____

Are you aware of any weaknesses that may prevent this applicant from being a volunteer at The Children's Hospital of San Antonio? _____

Please tell us about this applicant's work ethic: _____

Please add any additional comments on behalf of this applicant:

Signature of Reference _____ Date _____

Thank you for taking time to recommend this applicant as a volunteer at The Children's Hospital of San Antonio.

