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.