

Hospital of San Antonio.

CHRISTUS Health

Volunteer Applicant Name:	
Reference No. 1	
Name of Reference:	
What is the best way to reach you if we	e have questions about this volunteer applicant?
Email:	Cell phone #:
How long have you known the applicar	nt?
In what capacity have you known this a	applicant:
I am not a relative of this applicant	_True False
What do you believe to be this applicar	nt's greatest strength?
volunteer at The Children's Hospital of	may prevent this applicant from being a San Antonio?
	rk ethic:
	nat you would like to make on behalf of this
Signature of Reference	Date
Thank you for taking time to recommen	nd this applicant as a volunteer at The Children's











CHRISTUS Health

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.







