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.