

Junior Volunteer Reference Form

Reference: Please return completed Reference Form to Junior Volunteer Applicant.

Volunteer Applicant _____
First Name (print) Last Name (print)

Address _____
Street City/State Zip Code

Phone _____ **High School** _____

REFERENCE

This student has applied to be a Junior Volunteer at Fairview Ridges Hospital. Your reference will help us evaluate this student’s interest, which will allow us to make an accurate volunteer placement. If additional space is needed, please include a typed attachment to this form.

According to your interaction and knowledge, please comment on the following behaviors:

Attendance/Punctuality _____

Initiative _____

Ability to follow through _____

Ability to work with others _____

Respectful communication with others _____

Additional comments _____

Reference First Name (print) Last Name (print)

Title School/Organization

Reference Signature Phone (work) Date

PARENT/GUARDIAN

State and Federal Legislation requires that schools must have parental consent to release information regarding students. Please sign this form and have your daughter/son acquire the requested information from their teacher or counselor.

My child _____ has my consent to serve as a volunteer at Fairview Ridges Hospital.

Parent/Guardian First Name (print) Last Name (print)

Parent/Guardian Signature Date

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