



# Volunteer Program Recommendation

\_\_\_\_\_ has given your name as personal reference. He/she has applied to be a volunteer at St. Mary's Medical Center.

We would appreciate your opinion concerning \_\_\_\_\_'s dependability, personality, character and ability to follow through with a commitment. Also, please tell us the length of time you have known this individual and whether you think this person would be an asset to our program.

Any information you give will be held confidential. An early reply will be greatly appreciated. Please return this information to the address below and direct it to my attention.

Thank you for giving this matter your prompt attention.

Sincerely,

St. Mary's Medical Center | Director of Volunteer Services  
2900 First Avenue | Huntington, WV 25702

I release from all liability or responsibility all persons, places of business and municipalities supplying the above information.

Signature of Volunteer Applicant \_\_\_\_\_ .Date \_\_\_\_\_

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Very dependable    | <input type="checkbox"/> Somewhat dependable    | <input type="checkbox"/> Dependable    | <input type="checkbox"/> Not dependable         |
| <input type="checkbox"/> Very personable    | <input type="checkbox"/> Somewhat personable    | <input type="checkbox"/> Personable    | <input type="checkbox"/> Not very personable    |
| <input type="checkbox"/> Very good attitude | <input type="checkbox"/> Somewhat good attitude | <input type="checkbox"/> Good attitude | <input type="checkbox"/> Not very good attitude |
| <input type="checkbox"/> Very committed     | <input type="checkbox"/> Somewhat committed     | <input type="checkbox"/> Committed     | <input type="checkbox"/> Not committed          |

Length of time you have known the person: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_