

## Reference Form

Please use a combination of personal and professional references. No references from relatives will be accepted. I give my permission for the information requested below to be released to the Volunteer Services at Denver Health Hospital.

**Dear Volunteer Applicant:**

**How long have you known this person if so, in what capacity?**

**Do you have any reservations in recommending this person for placement? If yes, why?**

**How do they handle responsibility?**

**Volunteering at Denver Health involves making a commitment. Consistency in attendance and dedication is required. How do you feel that the applicant would meet these requirements?**

**What qualities would help or hinder her performance as a volunteer?**

**Additional comments:**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(\_\_\_\_)\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email