

Reference Form

This form is to be completed by the applicant's reference.



_____ has applied to be a volunteer at J.C. Blair Health System and has given your name as a reference. Because we strive to provide our patients with quality care, it would be helpful to have your comments on whether you consider this person well-suited to healthcare volunteer service.

Please return this completed form to the address provided below. Your prompt and frank reply will be greatly appreciated, and will be considered confidential. Volunteers cannot begin their assignments until a reference is returned.

Name of Applicant: _____

Name of Reference: _____

How do you know Applicant? _____

Reference Address: _____

Reference Phone: _____ Email: _____

Comments:

Please return to:

J.C. Blair Memorial Hospital
Human Resources
1225 Warm Springs Avenue
Huntingdon, PA 16652
814.643.8824