



# Lourdes Medical Center of Burlington County

\_\_\_\_\_ has applied for a volunteer position within our facility and has named you as a reference.

Would you kindly answer the question listed:

Name of prospective volunteer: \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

Is this in a personal or professional capacity? \_\_\_\_\_

In your opinion, is this individual suited for volunteer work at our facility?

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Any other comments:

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Your name: \_\_\_\_\_

**Please Print**

**Please return this form to:**

Director of Volunteer Services  
Lourdes Medical Center of Burlington County  
218A Sunset Road  
Willingboro, NJ 08046

**All information will be kept strictly confidential.**

Thank you for your prompt response.

Sincerely,

Ceil VanEmburch, Director  
Volunteer and Hospitality Services

Filename: Adult Personal Reference Form.doc  
Directory: C:\Documents and Settings\MCCOYJ\Desktop\Volunteer  
info 2010\lmcbc  
Template: C:\Documents and Settings\MCCOYJ\Application  
Data\Microsoft\Templates\Normal.dot  
Title: Lourdes Medical Center of Burlington County  
Subject:  
Author: vanenburgc  
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