



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?

Any other comments:

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: Teen 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: vanenburghc
Keywords:
Comments:
Creation Date: 4/22/2010 10:13:00 AM
Change Number: 2
Last Saved On: 4/22/2010 10:13:00 AM
Last Saved By: MCCOYJ
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