

ROBERT WOOD JOHNSON

UNIVERSITY HOSPITAL

Dear Sir/Madam:

_____ has applied to be a volunteer at Robert Wood Johnson University Hospital and has provided your name as a non-related, adult reference. Your cooperation in answering the following questions will be greatly appreciated. **Please do not mail this form in. Please return this form to the applicant.**

Your name and address: _____

Would you recommend this person to be a Hospital Volunteer? Yes ____ No ____

Please explain: _____

Is there any additional information you would like to provide regarding this person?

Please explain: _____

Signature of person providing reference _____

All information will be considered confidential.

Thank you for taking the time to complete this reference form.

Sincerely,

Margie McDonald, RN
Volunteer Services, Director

Enclosure

Note: Those providing references should be known to applicant a minimum of 1 year.