

VOLUNTEER REFERENCE FORM

volunteer applicant's name:
Your name:
Our volunteers must possess a genuine concern for people, self-motivation and maturity because they may be exposed to stressful situations while at the hospital. Your help in assessing these and other characteristics is vital to our placement process.
ALL INFORMATION YOU PROVIDE ABOUT THIS APPLICANT WILL BE REGARDED AS CONFIDENTIA
How long have you known the volunteer applicant?
In what capacity have you known the applicant?
Please describe the applicant's character and personality.
Please describe the applicant's reliability and willingness to make a commitment such as this.
Would you recommend this applicant for placement in a children's hospital setting or, do you feel he/she may be better suited for another type of volunteer agency?
Other information that would be helpful to us in considering the success of this applicant:
Your prompt response will be greatly appreciated. Please return within 10 days of receipt. You can email this form to: FVSReferences@NationwideChildrens.org or mail it to:
Nationwide Children's Hospital Family and Volunteer Services Attn: References 700 Children's Drive Columbus, OH 43205

Questions? Feel free to contact us at (614) 722-3635.