



Date: _____

Dear _____:
Reference's Name

_____ has applied to serve as a volunteer. Your name was given as a
Applicant's Name
personal reference. Because the nature of our volunteer positions require direct contact with our patients, it is important that we know about the applicant's ability to relate to people. It is necessary in making a placement that we know the strengths of the applicant. Any comments that you make will be kept confidential. ***We would appreciate your completing the form on the reverse side and returning it as soon as possible in the envelope provided.***

**Sparrow Health System
Volunteer Services
1215 East Michigan
P.O. Box 30480
Lansing, MI 48909-7980**

Thank you for your assistance.

Sincerely,

Melissa Sherry
Volunteer Services Director

RELEASE OF INFORMATION

For the purpose of consideration of my application to volunteer at Sparrow Health System, I give my permission to the above-named reference to release reference information to the Volunteer Services Department of Sparrow Health System.

Applicant's Signature

Date

**SPARROW HEALTH SYSTEM
VOLUNTEER PERSONAL REFERENCE**

Name of Applicant:		How long have you known this person and in what capacity?
Please comment on the following:		
Quality of work (if known)		
Communication Skills		
Dependability		
Judgement		
Is there anything we might do to help this individual be successful in a volunteer role? Please explain.		
Please describe this applicant's special skills, strengths, and abilities.		
Additional comments.		
Reference Signature		Date
Relationship to applicant		
For Office Use Only		
Reviewed by:	Date Received:	