



Lancaster General Health

Volunteer Services  
555 North Duke Street  
P.O. Box 3555  
Lancaster, PA 17604-3555  
Phone (717) 544-5005  
Fax (717) 544-5966  
[www.lghealth.org](http://www.lghealth.org)

## CONFIDENTIAL REFERENCE FORM FOR ADULT VOLUNTEERS

\_\_\_\_\_ has applied to volunteer for Lancaster General Health and has requested that you serve as a work or personal reference. Please complete this reference form and return it to our address listed above. All comments will be kept confidential. Thank you for assisting us in providing a reference for our prospective volunteer.

What is your relationship to the applicant?
How long and in what capacity do you know the applicant?
What would you describe as the primary positive skills and traits of the applicant?
What would I not know about the applicant merely from reading an application or meeting one time?
What strengths would the applicant bring to a volunteer position?
How would you describe the applicant's work habits, reliability, and willingness to commit to volunteering?
Describe the applicant's ability to carry out instructions and work independently.
In order to ensure the highest possible quality of care for our patients, please describe any areas of concern that we should be aware of regarding the applicant.
Additional comments you wish to make (please feel free to use the other side)

Name of person completing reference \_\_\_\_\_

Signature of person completing reference \_\_\_\_\_

Phone number of person completing reference \_\_\_\_\_

Date \_\_\_\_\_