

Volunteer Recommendation Form

Applicant: This form should be completed by one personal and one work reference.
If you do not have a work reference, please submit two personal references.
Please, no spouse, parents, children or siblings as your reference.
An application form will not be processed until we have the reference letters.

I (volunteer applicant's full name-please print) _____
give permission for the person below to provide a reference for me for the purpose of
volunteering at Abbott Northwestern Hospital.

Applicant's
signature _____

PLEASE PRINT
Person giving reference (full name) _____

Reference address: _____

Phone: _____

How do you know the applicant? _____

How long have you known the applicant? _____

Why would you recommend that this applicant work in a hospital setting?

Please describe the reliability of the applicant: (Does he/she show up on time, arrive as scheduled?) Is he/she able to follow through with commitments?

Please describe how the person works with others:

Is there any reason you can give why the applicant should not volunteer in a hospital setting?

Is there any other information that you would like to share with us?

Reference signature: _____

Date: _____

Please return to: Abbott Northwestern Hospital
Volunteer Services Mail Route 16602
800 E 28th St
Minneapolis MN 55407