



## PERSONAL REFERENCE FORM

Applicant: \_\_\_\_\_ has applied to be a volunteer with the Piedmont Fayette Hospital Auxiliary. Please answer the following questions and return the completed form to the applicant.

1. How do you know the applicant? \_\_\_\_\_

2. How long have you known the volunteer applicant? \_\_\_\_\_

3. Explain why you think this applicant would make a good hospital volunteer:

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4. Do you think the applicant will be able to relate well to our patients, hospital workforce and visitors? Please explain.

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5. Do you know this applicant to be reliable and trustworthy? Please explain.

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6. Please feel free to add any additional comments concerning this applicant.

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*Thank you for taking the time to help us continue to provide compassionate and quality support for Piedmont Fayette Hospital and our community.*

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_