



Applicant: _____ has applied to be a volunteer with Piedmont Newnan Hospital. Please answer the following questions and return the completed form to the applicant or the Volunteer Dept. at pnh.auxiliary@piedmont.org or mail to 745 Poplar Road, Newnan, GA 30265 (Attn: Volunteer Services).

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:

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

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

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

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

Your Name: _____ Phone Number: _____
Please Print

Address: _____

Signature: _____ Date: _____