

**2015 Junior Volunteer Program
Reference Form**



_____ is applying to become a Junior Volunteer at Woman's Hospital. Please complete the following information about the student, which will help us in our evaluation and appropriate placement to assist our patients, families and staff.

Our Junior Volunteers must possess a genuine concern for people, be self-motivated and have a high maturity level. Your help in assessing these and other characteristics are vital to our success!

All information will be regarded as confidential.

How long have you known the applicant?: _____

In what capacity have you known the applicant?: _____

Please describe the character, personality and reliability of the applicant: _____

Would you recommend this applicant for placement in a hospital setting and why? _____

Please share any other information you feel would be of help to us in considering this applicant:

Thank you for taking the time to help us. Your input is greatly appreciated!!

Date

Signature

Print Name

Phone

Please mail this completed form by April 10 to:

Volunteer Services

Woman's Hospital

P. O. Box 95009

Baton Rouge, LA 70895-9009