



Volunteer Reference Form

This form is to help you give a character reference for an applicant seeking a volunteer position with Methodist Healthcare. References may know the candidate in a variety of ways including additional volunteer interaction, school, work, religious affiliation, etc. However, we ask that references not be a family member of the candidate.

Please help us evaluate this applicant by filling in the confidential information requested in as many areas as you feel you can answer. Thank you for your assistance in making this a meaningful volunteer assignment for the applicant.

Name of Applicant:

How long and in what capacity have you known the applicant?

Describe why you feel the applicant would make a great volunteer in a hospital setting.

Please provide any information that you feel would help us place the person in an appropriate position (i.e. something the candidate excels in, any limitations they may have, etc.).

Your Name:

Your Address:

Your Phone:

Permission is hereby given to the above named person to release the information requested in order to determine my qualifications for Volunteer Work. It is further agreed that I waive any action against Methodist Healthcare or the above named person should the information furnished result in the rejection of my application for volunteer work.

Applicant Signature: _____

Date: _____

Please return completed references by mail, fax or email:

Mail: Volunteer Services; Methodist University Hospital; 1265 Union Avenue, E161; Memphis, TN 38104-3499.

Fax: 901.516.7387

Email: Johnkia Catron, catronjo@methodisthealth.org.