



744 S. Webster Ave.
 P.O. Box 23400
 Green Bay, WI 54305-3400
 11/16/93
 Revised 4/4/11

**TO BE COMPLETED BY TEACHER, COUNSELOR, CLERGY,
 EMPLOYER, OR CLOSE CONTACT**

PERSONAL REFERENCE FOR: _____
 Name of Volunteer Applicant

The above student has applied for our Volunteer Program. This program requires discipline, dependability, responsibility, pleasing personality, the ability to get along with others, personal neatness, and the ability to accept and follow instructions.

In the hospital environment, the student must respect all information concerning the hospital and patients as confidential.

Our program is designed to teach, orientate the student to the hospital, and encourage an interest in the health care field.

Would you kindly complete the form below and return it to Bellin Health Volunteer Services at 744 S. Webster Avenue, PO Box 23400, Green Bay, WI 54305-3400 at your earliest convenience. This student will not be considered for the program until all forms are completed. The information requested will be kept in strict confidence.

ATTITUDE _____

ABILITY TO GET ALONG WITH OTHERS _____

APPEARANCE _____

DEPENDABILITY _____

ABILITY TO FOLLOW INSTRUCTIONS _____

ADDITIONAL COMMENTS (see back if necessary) _____

Do you have any information concerning the applicant's honesty or integrity?

No _____ Yes _____ (Please explain) _____

How long have you known the applicant? _____

SIGNATURE _____ DATE _____

Relationship to Applicant _____ Telephone _____