



# OSF<sup>®</sup>

SAINT ANTHONY MEDICAL CENTER  
VOLUNTEER SERVICES

5666 E. State Street, Rockford, IL 61108 ~ 815-395-5064

## PERSONAL REFERENCE FORM Junior Volunteer Program

**To be completed by a teacher, counselor, or job supervisor.**

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

The person listed above has applied for the Junior volunteer Program at OSF Saint Anthony Medical Center. Please complete the form below and return it to our office (at the address above) at your earliest convenience. This applicant will not be considered for the program until all forms are completed. The information requested will be kept in strict confidence. If you have any questions, please contact the Volunteer Services Manager at 815-395-5065. Thank you for your assistance.

Please comment on the applicant's:

Attitude: \_\_\_\_\_

Ability to get along with others: \_\_\_\_\_

Dependability: \_\_\_\_\_

Ability and willingness to follow directions: \_\_\_\_\_

Honesty and integrity: \_\_\_\_\_

Do you recommend this applicant for a junior volunteer position?      Yes      No

Additional comments: (Please use back of sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_