



Nemours Volunteer Recommendation Form

The following applicant is interested in volunteering at Nemours Children's Hospital and has listed you as a reference. A reference must be at least 18-years old and a non-relative of the applicant. Please complete this recommendation and submit to Volunteer Services **within 5 days of receiving this form.**

You may complete this fillable form electronically, save to your computer and email as an attachment to **VolunteerORL@nemours.org**.

Volunteer Applicant Full Name:	
Reference Full Name:	
Date Completed:	

We would appreciate a prompt and candid response to the following questions:

1. If you were an administrator at this facility, would you be proud to have the above mentioned person as one of your volunteers?

Yes No

2. If you were the parent of a patient at this hospital, would you be comfortable having the above mentioned person as one of your child's volunteers?

Yes No

3. Do you consider the above mentioned person to be dependable, responsible and of high standards?

Yes No

4. Does the above mentioned person demonstrate a caring attitude in his/her appearance and behavior?

Yes No

5. In what capacity have you known the applicant?

Please provide any extra comments about the applicant:

When finished, save this form and email as an attachment to:

VolunteerORL@nemours.org