



Date: \_\_\_\_\_

Dear \_\_\_\_\_:  
Reference's Name

\_\_\_\_\_ has applied to serve as a volunteer. Your name was given as a  
Applicant's Name  
**personal reference.** Because the nature of our volunteer positions require direct contact with our patients, it is important that we know about the applicant's ability to relate to people. It is necessary in making a placement that we know the strengths of the applicant. Any comments that you make will be kept confidential. ***We would appreciate your completing the form on the reverse side and returning it as soon as possible in the envelope provided.***

**Sparrow Health System  
Volunteer Services  
1215 East Michigan  
P.O. Box 30480  
Lansing, MI 48909-7980**

Thank you for your assistance.

Sincerely,

Melissa Sherry  
Volunteer Services Director

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#### **RELEASE OF INFORMATION**

For the purpose of consideration of my application to volunteer at Sparrow Health System, I give my permission to the above-named reference to release reference information to the Volunteer Services Department of Sparrow Health System.

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Applicant's Signature

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Date

**SPARROW HEALTH SYSTEM  
VOLUNTEER PERSONAL REFERENCE**

Name of Applicant:	How long have you known this person and in what capacity?
<b>Please comment on the following:</b>	
Quality of work (if known)	
Communication Skills	
Dependability	
Judgement	
Is there anything we might do to help this individual be successful in a volunteer role? Please explain.	
Please describe this applicant's special skills, strengths, and abilities.	
Additional comments.	
Reference Signature	
Date	
Relationship to applicant	
<b>For Office Use Only</b>	
Reviewed by:	Date Received: