Letter of Reference

Reference Name: ___________________________ Date: ____________

Volunteer Applicant Name: __________________________________________

Reference’s Relationship to Applicant: ____________________________

Length of time known: ____________________________

Please describe the reasons why you are willing to recommend this person as a possible Spectrum Health volunteer? Please be specific.

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Do you have any reservations about recommending this person as a volunteer? If so, please explain.

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Signature: ____________________________

Phone: ____________________________ Email: ____________________________

Please send completed letter to: Spectrum Health Pennock
Foundation & Volunteer Services
1009 W. Green St.
Hastings, MI 49058
phone 269.948.5885
deb.pelton@spectrumhealth.org

Or Fax or Scan to:

Reference Form - June 19, 2015