



Department: Volunteer Services
T: 973-971-5475
F: 973-290-7259

Morristown Memorial Hospital
100 Madison Avenue
Morristown, NJ 07962

CONFIDENTIAL REFERENCE FORM FOR VOLUNTEERS

Your name has been given as a reference by _____, who submitted an application to the Volunteer Services Department at Morristown Memorial Hospital. Our volunteers must possess self-motivation and maturity. We would appreciate your completing this form and returning it to the Volunteer Services Department (address at bottom of page) so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program. All information you supply will be confidential. Thank you.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Describe the applicant's reliability and willingness to make a commitment such as this:

Are you aware of any physical or emotional problems that would limit the applicant?

Would you recommend the applicant for placement in a setting such as ours?

Additional comments: _____

Signature: _____ Date: _____

Please return completed form to:
Morristown Memorial Hospital, Volunteer Services Department
100 Madison Avenue, Morristown, NJ 07962-1956

T H E P A S S I O N T O L E A D