



OFFICE OF VOLUNTEER SERVICES REFERENCE REQUEST

Dear _____:

_____ has applied to become a volunteer at MedStar Montgomery Medical Center and has named you as a reference. Please complete the questions below and return it MedStar Montgomery 18101 Prince Philip Drive, Olney, Maryland 20832 (see below release form). Your reference will help us determine the applicant's ability to fulfill the responsibilities involved in our Volunteer Program.

1. How long have you known the person noted above and in what capacity?

2. What special qualities does he/she possess that would make him/her a good volunteer?

3. How well does the applicant relate to his/her peers, co-workers, or other adults?

4. Would you recommend him/her as a volunteer at MedStar Montgomery Medical Center?

Additional Comments:

Reference Signature/Date: _____

Thank you for your assistance. We appreciate your cooperation in helping us ensure that MedStar Montgomery Medical Center has the best possible volunteers. If you have any questions or concerns, feel free to call me at 301-774-8629.

Cheryl Potyk
Volunteer Services Coordinator