

What qualities do you have that would make you a good volunteer?

Personal References: (please give three references other than family, and not living in the same household.)

1. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

3. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I give my permission to have the Volunteer Department at Upper Valley Medical Center request reference information from the people I have listed above.

Signature: _____ Date: _____

FOR OFFICE USE ONLY: _____
