

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.

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

Signature: _____

Phone: _____

Email: _____

Please send completed letter to:

Spectrum Health Big Rapids and Reed City Hospitals
Volunteer Services | MC350
605 Oak Street
Big Rapids, MI 49307
phone 231.592.4327
Suzanne.hicks@spectrumhealth.org

Or Fax or Scan to: