

Letter of Reference

Name: _____ Date: _____

Applicant Name: _____

Relationship to applicant: _____

Length of time known: _____

Why are you willing to recommend this person as a 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 Rehab & Nursing Center
Recreation Therapy/Volunteer Services
4118 Kalamazoo Ave SE
Grand Rapids, MI 49508
Phone 616.486-7070

Or e-mail to: Susan.Wortman@spectrumhealth.org