

**West Hills Hospital & Medical Center
Volunteer Services Reference Form**

_____ is applying to become a volunteer at West Hills Hospital & Medical Center. Please complete the following information about the applicant, which will help us in our evaluation for the appropriate placement. Our volunteers must possess a genuine concern for people, be self-motivated and have a high level of confidentiality and compassion for others. Your help in assessing these and other characteristics are vital to our placement process.

NOTE: For Junior Applicants: form should be completed by a school counselor, teacher or principal.

ALL INFORMATION, WHICH YOU PROVIDE US, WILL BE REGARDED AS CONFIDENTIAL.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please describe the character and personality of the applicant: _____

Please describe the applicant's reliability and willingness to make a weekly commitment to a volunteer position.

Would you recommend this applicant for placement in a hospital setting? _____

Please share any other information that you feel would be of help to us in considering this applicant.

Thank you for taking the time to help us. Your input is greatly appreciated.

Signature

Print Name

Date

Phone

Email

Please mail complete form to:

**West Hills Hospital & Medical Center
Volunteer Services Department
7300 Medical Center Drive West Hills, CA 91307**