



5666 E. State Street, Rockford, IL 61108
Phone (815)394-5064 Fax (815)227-2165

PERSONAL REFERENCE FORM 1
Junior Volunteer Program
To be completed by a teacher, counselor, or job supervisor.

Name of Applicant: _____

Name of Reference: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

The person listed above has applied for the Junior Volunteer Program at OSF/HealthCare Saint Anthony Medical Center. Please complete the form below and return it to our office (at the address above) at your earliest convenience. This applicant will not be considered for the program until all forms are completed. The information requested will be kept in strict confidence. If you have any questions, please contact the Volunteer Services coordinator at (815)395-5064. Thank you for your assistance.

Please comment on the applicant's:

Attitude: _____

Ability to get along with others: _____

Dependability: _____

Ability and willingness to follow directions: _____

Honesty and integrity: _____

Do you recommend this applicant for a Junior Volunteer Position: Yes _____ No _____

Additional comments: _____



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PERSONAL REFERENCE FORM 2
Junior Volunteer Program
To be completed by a teacher, counselor, or job supervisor.

Name of Applicant: _____

Name of Reference: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

The person listed above has applied for the Junior Volunteer Program at OSF/HealthCare Saint Anthony Medical Center. Please complete the form below and return it to our office (at the address above) at your earliest convenience. This applicant will not be considered for the program until all forms are completed. The information requested will be kept in strict confidence. If you have any questions, please contact the Volunteer Services coordinator at (815)395-5064. Thank you for your assistance.

Please comment on the applicant's:

Attitude: _____

Ability to get along with others: _____

Dependability: _____

Ability and willingness to follow directions: _____

Honesty and integrity: _____

Do you recommend this applicant for a Junior Volunteer Position: Yes _____ No _____

Additional comments: _____



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CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURES BELOW

PARENT OR GUARDIAN:

I hereby give my approval as parent or guardian of _____
to be a Volunteer at OSF Healthcare if a volunteer position is offered.

I understand that OSF HealthCare will not assume any responsibility for the above named minor to
his/her signing in for duty or following his/her signing off of volunteer duty.

Parent or Guardian: _____ Date: _____

JUNIOR VOLUNTEER:

I hereby affirm that the information on this application is true and complete. I understand that any
false or misleading representation or omissions made on the application or during the hiring process
may disqualify me from further consideration for a volunteer position and may result in discharge
even if discovered at a later time.

I understand that OSF HealthCare is not obligated to provide placement, nor am I obligated to accept
a position if one is offered. Opportunities for volunteers are provided without regard to religion,
creed, race, national origin, age, or sex.

Volunteer Signature: _____ Date: _____

Send your completed application to:

OSF/HealthCare Saint Anthony Medical Center
Volunteer Services
5666 E. State St.
Rockford, IL. 61108
Fax: (815)227-2165
Phone: (815)395-5064