

UPMC | CENTERS FOR REHAB SERVICES

CONFIDENTIAL REFERENCE FORM

_____ has applied for a volunteer position at Centers of Rehab Services. We would appreciate you completing this reference form and returning it so that we may decide of the applicant's ability to fulfill the responsibilities involved in our volunteer program. The information you supply will be confidential.

Thank you

Please email or mail the completed Confidential Reference form to:

Volunteer Services
UPMC Centers for Rehab Services
625 Walnut Street
McKeesport, PA 15132
Email: CRSVolgistics@upmc.edu

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CONFIDENTIAL REFERENCE FORM PERSONAL REFERENCE:

Applicant Name: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Describe the applicant's reliability and willingness to make a commitment to volunteer:

Please comment on the applicant's attitude and other characteristics such as dependability:

Would you have any reservations about recommending this candidate for volunteer services?

NO YES I yes, please explain:

Reference name: _____

Address:

Preferred Contact Number: () _____

Alternate Number: () _____

Email: _____

Date: _____