



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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

**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