

Volunteer Services



Jackson-Madison County General Hospital™

An affiliate of West Tennessee Healthcare

(Give to Teacher to fill out)

_____ (Name of Student) has applied to provide volunteer services with Jackson-Madison County General Hospital and has given your name as a reference. Being a volunteer does not require professional training. Any information you might provide will be regarded as confidential.

Please complete and mail to: Donna Williams, 620 Skyline Drive, Jackson, TN 38301.

1. How long have you known applicant? _____

2. Do you feel this person would be a good volunteer? _____

3. Is this person:

Prompt: Yes ____ No ____

Courteous: Yes ____ No ____

Patient: Yes ____ No ____

Tactful: Yes ____ No ____

Dependable: Yes ____ No ____

Neat: Yes ____ No ____

4. Comments: _____

Signature

Date

Thank you for your time and comments.

Sincerely,

Donna Williams
Volunteer Services Coordinator
620 Skyline Drive
Jackson, TN 38301

