

Return to: Volunteer Programs
1384 Perrineville Road
Monroe Township, NJ 08831
609-371-WISH
volunteers@wishnj.org
Fax – 609-371-8919



VOLUNTEER REFERENCE FORM – Three (Non-Family Members) Required

Name of Applicant: _____

In what capacity and for how long have you know the volunteer applicant?

Does applicant relate well to children? Any experience with sick children? Please explain.

What skills does the applicant possess that will enable him/her to work well in a team environment?

What three qualities best describe the applicant?

1. _____
2. _____
3. _____

Additional Comments:

Reference Name: _____ Phone:(____) _____

Signature: _____ Date: _____
