

UPMC Cancer Centers *and* University of Pittsburgh Cancer Institute

CONFIDENTIAL REFERENCE FORM

_____ has applied for a volunteer position with UPMC Cancer Centers / University of Pittsburgh Cancer Institute. Please complete this reference form and return it to the address indicated below so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program. The information you supply will remain confidential. Thank you.

Please Return Form To:

Volunteer & Community Services
Hillman Cancer Center
5115 Centre Avenue, Ground Floor, AG40.3
Pittsburgh, PA 15232
Fax: 412.623.4646
Email: huntleyl@upmc.edu

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 If yes, please explain _____

Reference Name (please print): _____

Address: _____

Telephone: _____ Email: _____

Signature _____ Date _____