SPECTRUM HEALTH
Volunteer Services Department

Letter of Reference

Reference Name: _____ Date: _____

Volunteer Applicant Name: _____

Reference's Relationship to Applicant: _____

Length of time known: _____

Please describe the reasons why you are willing to recommend this person as a possible Spectrum Health volunteer? Please be specific.

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Do you have any reservations about recommending this person as a volunteer? If so, please explain.

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_____

Signature: _____

Phone: _____ Email: _____

Please send completed letters by mail, Email or fax to:

Spectrum Health Grand Rapids
Volunteer Services Department | MC008
100 Michigan Street NE
Grand Rapids, MI 49503
Phone: 616.391.8194
Fax: 616.391.5522 **Email:** volunteers@spectrumhealth.org