



VISITING NURSE
HOSPICE ATLANTA

HOSPICE ATLANTA VOLUNTEER RECOMMENDATION FORM

_____ has expressed a desire to join the Volunteer program at Hospice Atlanta. Each applicant must submit two letters of recommendation from a professional or volunteer related reference or any other **unrelated person** who knows or has known them well. **Please write a brief statement of recommendation regarding the prospective Volunteer's character, general attitude, dependability, personality, and ability to cooperate and follow instructions.** You will find an addressed stamped envelop for your mailing. If you have questions, please call the Volunteer Office at (404) 848-7955. Thank you for assisting us in this manner.

Date: _____

Name: _____
(Please print)

Relationship to applicant: _____

Home phone number: _____

Work phone number: _____

Signature: _____

Comments: (If you need additional space, please use the back of this form).