**Volunteer Services**
1000 Greenley Road
Sonora, CA 95370
209-536-4036
AdventistHealth.org

# PERSONAL REFERENCE FORMS

## Reference #1:

I recommend _____ (student's name) for membership in the Adventist Health Sonora Volunteer auxiliary.

Comments:

_____

_____

_____

_____

Reference Name: _____

Mailing Address: _____

Phone Number: _____

My relationship to the above prospective volunteer is:

_____

Reference Signature _____

**[To be signed by teacher, clergy, employer, or another professional adult who knows you well. May not be a family member.]**

**Reference #2:**

I recommend _____ (student's name) for membership in the Adventist Health Sonora Volunteer auxiliary.

Comments:

_____

_____

_____

_____

Reference Name: _____

Mailing Address: _____

Phone Number: _____

My relationship to the above prospective teen volunteer is:

_____

Reference Signature _____

**[To be signed by teacher, clergy, employer, or another professional adult who knows you well. May not be a family member.]**