

HENRIETTA

AMBULANCE

WWW.HENRIETTAAMBULANCE.ORG

LETTER OF REFERENCE REQUEST

Dear Sir or Madam,

An applicant to Henrietta Volunteer Ambulance (HVA) has requested that you provide a Letter of Reference on their behalf. The Applicant is in process of applying for volunteer membership with our agency. The applicant believes you will be able to evaluate them based on a fair, unbiased opinion so that we can review their suitability for membership.

Please complete and sign this form as soon as possible. The applicant will not be considered for membership until we receive this form back from you. Once complete, please send the form back to us by postal mail, fax or by dropping it off at our headquarters. This information will be held in the strictest confidence.

Sincerely,
HVA Membership Committee

Applicant's Name: _____ Your Name: _____

Your Phone #: () _____ Your E-Mail: _____

In what capacity do you know the applicant: Personal friend Acquaintance Colleague at work Relative
 Other _____ I'm not qualified to comment on this applicant

How long have you know the applicant? _____ (indicate months/years, etc.)

Do you understand that the applicant named above is applying for membership into HVA and the nature of the business HVA is in? YES NO

Do you recommend the applicant for membership into HVA?
 Strongly Recommend Recommend Do not recommend No comment

Please explain why you recommend or do not recommend the applicant. Also, please indicate any additional comments you feel are appropriate.
**** Use the back of this form for additional comments**

The statements you make in the Letter of Reference Request are confidential and will not be disclosed to any party other than the HVA Membership Committee.



HENRIETTA VOLUNTEER AMBULANCE SERVICE, INC.

280 Calkins Road | Rochester, NY 14623 | Tel: 585.334.4190 | Fax: 585.334.8172