



Applicant: _____ has applied to be a volunteer with Piedmont Henry Hospital. Please answer the following questions and return the completed form to the applicant or the Auxiliary at PHH.Volunteerapps@piedmont.org or mail to Piedmont Henry Hospital, Attn: Auxiliary/Education Bldg, 1133 Eagles Landing Parkway, Stockbridge, GA 30281.

1. How do you know the applicant?

2. How long have you known the volunteer applicant?

3. Explain why you think this applicant would make a good hospital volunteer:

4. Do you think the applicant will be able to relate well to our patients, hospital workforce and visitors? Please explain.

5. Do you know this applicant to be reliable and trustworthy? Please explain.

6. Please feel free to add any additional comments concerning this applicant.

Thank you for taking the time to help us continue to provide compassionate and quality support for Piedmont Henry Hospital and our community.

Your Name: _____ Phone Number: _____
Please Print

Address: _____

Signature: _____ Date: _____