



**CONEY ISLAND HOSPITAL**

2601 OCEAN PARKWAY  
BROOKLYN, NEW YORK, 11235  
TEL.718.616.3000

**VOLUNTEER DEPARTMENT  
PERSONAL REFERENCE FOR VOLUNTEER SERVICE**

**Name of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

The above named applicant has applied for a position to Coney Island Hospital’s Volunteer Department and is required to provide a reference to begin their volunteer services.

Our program requires honesty, compassion, focus on community and a call to duty to serve others. We ask your help to ensure this CIH volunteer applicant can uphold these values. Applicants must also demonstrate maturity and be able to uphold standards of confidentiality. Your open evaluation of the applicant is highly valued and assists our team in selecting the right candidate to improve CIH reputation, credibility and ultimately provide excellent quality care to Southern Brooklyn. Please be assured your comments will be held in strict confidence.

Director, Volunteer Services

How long have you known this applicant? \_\_\_\_\_

In what capacity do you know this applicant? \_\_\_\_\_

Does the applicant like working with people? \_\_\_\_\_

Does the applicant have any special qualifications that would help us? \_\_\_\_\_

	EXCEPTIONAL	GOOD	SATISFACTORY	NO KNOWLEDGE
Attitude				
Appearance				
Dependability				
Cooperation				
Ability to follow Instructions				
Compassionate nature				
Respect for diverse lifestyles, cultures, and religions				
Integrity				
Attendance				

**Referrer Information:**

Referrer name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**You may submit your reference by e-mail, fax, or mail:**

**E-mail:**Christina.Cornacchia@nychhc.org

**Fax:** 718-616- 4782

**Mailing address:** Coney Island Hospital

Attn: Volunteer Services

2601 Ocean Parkway

Brooklyn, NY 11235