

CONFIDENTIAL REFERENCE FORM

_____ has applied for a volunteer position at one of the facilities below. We would appreciate you completing this reference form and returning it so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program. The information you supply will be confidential. Thank you.

Please mail or fax the completed Confidential Reference form to the facility indicated below:

- | | |
|---|--|
| <input type="checkbox"/> Volunteer Services
UPMC Altoona
620 Howard Avenue
Altoona, PA. 16601
Phone: 814-889-2151 | <input type="checkbox"/> Volunteer Services
UPMC Passavant
McCandless/Cranberry Campuses
9100 Babcock Blvd.
Pittsburgh, PA 15237
Phone: 412-748-6581 Fax: 412-748-3399 |
| <input type="checkbox"/> Volunteer Services
UPMC Bedford Memorial
10455 Lincoln Highway
Everett, PA 15537
Phone: 814-623-3588 Fax: 814-623-3537 | <input type="checkbox"/> Volunteer and Community Services
UPMC Presbyterian/UPMC Montefiore
Kaufmann Building, Suite 1210
3471 Fifth Ave.
Pittsburgh, PA 15213
Phone: 412-648-6105 Fax: 412-648-6871 |
| <input type="checkbox"/> Volunteer Services
UPMC East
2775 Mosside Blvd
Monroeville, PA 15146
Phone: 412-357-3960 Fax: 412-357-3973 | <input type="checkbox"/> Volunteer and Community Services
UPMC Shadyside
5230 Centre Ave.
Pittsburgh, PA 15232
Phone: 412-623-2017 Fax: 412-623-6260 |
| <input type="checkbox"/> Volunteer Services
UPMC Hamot-Hamot Aid Society
201 State Street
Erie, PA 16550
Phone: 814-877-2813 Fax: 814-877-8283 | <input type="checkbox"/> Hospital Elder Life Program (HELP)
UPMC Shadyside Hospital
5230 Centre Avenue
Pittsburgh, PA. 15232
Phone: 412-623-HELP Fax: 412-623-1148 |
| <input type="checkbox"/> Volunteer Services
UPMC Hamot-Student Volunteers
201 State Street
Erie, PA 16550
Phone: 814-877-2326 Fax: 814-877-7590 | <input type="checkbox"/> Volunteer Services
UPMC St. Margaret
815 Freeport Road
Pittsburgh, PA 15215
Phone: 412-784-4081 Fax: 412-784-4373 |
| <input type="checkbox"/> Community Relations & Volunteer Services
UPMC Horizon
2200 Memorial Drive
Farrell, PA 16121
Phone: 724-983-7505 Fax: 724-983-7939 | <input type="checkbox"/> Volunteer Services
Magee-Womens Hospital of UPMC
300 Halket St.
Pittsburgh, PA 15213
Phone: 412-614-4185 Fax: 412-641-5497 |
| <input type="checkbox"/> Community Outreach
UPMC McKeesport
1500 Fifth Ave.
McKeesport, PA 15132
Phone: 412-664-2185 Fax: 412-664-6749 | <input type="checkbox"/> Student and Volunteer Services
Western Psychiatric Institute and Clinic
3811 O'Hara St.
Pittsburgh, PA 15213
Phone: 412-246-5202 Fax: 412-246-5205 |
| <input type="checkbox"/> Volunteer Services
UPMC Mercy
1400 Locust Street, Room 1128A
Pittsburgh, PA 15219
Phone: 412-232-8081 Fax: 412-232-5568 | <input type="checkbox"/> Volunteer Services/UPMC Senior Communities
UPMC Heritage Place
5701 Phillips Avenue
Pittsburgh, PA. 15217
Phone: 412-586-3710 Fax: 412-422-6208 |
| <input type="checkbox"/> Volunteer Services
UPMC Northwest
100 Fairfield Drive
Seneca, PA 16346
Phone: 814-676-7721 Fax: 814-676-7166 | |



CONFIDENTIAL REFERENCE FORM

PERSONAL REFERENCE:

Applicant Name: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Describe the applicant's reliability and willingness to make a commitment to volunteer:

Please comment on applicant's attitude and other characteristics such as dependability:

Would you have any reservations about recommending this candidate for volunteer services?
No Yes If yes, please explain _____

Reference name (please print): _____

Signature _____

Date _____

Address _____

Phone _____

* Please mail or fax reference to the UPMC facility indicated on the enclosed listing.

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