

**Mercy Medical Center  
Mercy Ambassador Teen Volunteer  
School/Community Teen Reference Form**

\_\_\_\_\_ (print name) is applying to become a Mercy Ambassador Teen Volunteer at Mercy Medical Center. Please complete the following information about the applicant, which will help us in our evaluation for the appropriate placement assisting our patients, families, and staff.

Mercy Ambassador Teen Volunteers must be willing to help others, have a high degree of maturity, and be self-motivated.

**ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL.**

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

In what capacity have you known the applicant? \_\_\_\_\_

Please describe the character of the applicant.

\_\_\_\_\_

In your opinion, what strengths would the applicant bring to our volunteer program?

\_\_\_\_\_

\_\_\_\_\_

Would you recommend this applicant as a teen volunteer in a hospital and why?

\_\_\_\_\_

Please share any other information that you feel would be helpful to us in considering this applicant.

\_\_\_\_\_

\_\_\_\_\_

Thank you for your time.

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return form to:

Volunteer Services Office  
Mercy Medical Center  
1320 Mercy Drive NW  
Canton, Ohio 44708  
**Fax: (330) 580-4794**  
Phone: (330) 489-1106