



LAKESIDE VOLUNTEER RESCUE SQUAD

2007 TIMBERLAKE AVENUE
RICHMOND, VIRGINIA 23228

Emergency Dial 911 – Business (804) 266-7498

Reference Form

Persons providing references may not be family members and must be at least 18 years of age.

Applicant Name: _____

Reference Name: _____ Reference Contact Number: _____

How are you acquainted with the applicant? _____

How long have you known the applicant? _____

In this line of service we handle patient's confidential medical information. Is this applicant a responsible person that can be trusted with this information?

Please provide an example of how this applicant interacts well with others.

Please describe how the applicant demonstrates a sense of commitment and fulfillment of obligations.

Please describe an event or situation in which the applicant was able to follow directions and perform detailed work under pressure.



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Are there any special skills or talents you feel this applicant would bring to the organization?

Please describe why you feel the applicant would be a beneficial addition to our team at Lakeside Volunteer Rescue Squad.
