



Lourdes Medical Center of Burlington County

Dear Doctor:

_____ has applied for volunteer service at Lourdes Medical Center of Burlington County and has given your name as a medical reference.

Is there any physical or behavioral reason she/he should not serve as a volunteer here?

_____ No

_____ Yes (please explain)

Physician name: _____

Print or Stamp

Please return this form to:

Director of Volunteer Services
Lourdes Medical Center of Burlington County
218A Sunset Road
Willingboro, NJ 08046

All information will be kept strictly confidential

Thank you for your prompt response.

Sincerely,

Ceil VanEmburch, Director
Volunteer and Hospitality Services

Filename: Adult Physican form.doc
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info 2010\lmcbc
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Data\Microsoft\Templates\Normal.dot
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Comments:
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