

California Hospital Medical Center  
Volunteer Services Department

**LETTER OF REFERENCE**

Each person who applies for volunteer work at California Hospital Medical Center must provide a letter of reference from a non-family member of at least 1 years' acquaintance. Your comments will us help to select candidates who will best serve our organization and benefit from our program. Please feel free to use this form or attach a separate page. Thank you for your time and consideration.

If you have any questions, please contact Tracy Nordbak, Director of Volunteer Services, at (213) 742-5707.

**Please return to:** California Hospital Medical Center  
1401 S. Grand Ave.  
Los Angeles, CA 90015  
Attn: Volunteer Services Department

Name of candidate \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to candidate \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_