

Kappa Kidney Camp 2011



VOLUNTEER REFERENCE FORM

Volunteer Applicant Name _____

Reference's Name _____

Phone/Home _____ Phone/Work _____

How do you know the Kappa Kidney Camp applicant? _____

Why do you think the applicant would make a good Kappa Kidney Camp volunteer?

What specific characteristics does the applicant possess that would make him/her a good role model for children? _____

Additional comments:

Please return this by May 12, 2011 to:
National Kidney Foundation Serving Ohio and Kentucky
Kappa Kidney Camp, Attn: Alisa Parker
2800 Corporate Exchange Drive, Suite 260
Columbus, Ohio 43231-2804