

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 June 17, 2009 to:

Kappa Kidney Camp
National Kidney Foundation Serving Ohio
1373 Grandview Ave., Suite 200
Columbus, Ohio 43212-2804

