



**Morristown Ambulance Squad, Inc.**  
Volunteers for Community Service since 1961  
PO Box 553 • Morristown, NJ 07963-0553  
Phone: 973-538-1783 • Fax: 973-267-4799  
[www.morristownambulance.org](http://www.morristownambulance.org)

## REFERENCE LETTER

Dear: \_\_\_\_\_ ,  
please print name of reference

Applicant: \_\_\_\_\_

The above referenced applicant has applied for membership with the Morristown Ambulance Squad, Inc. and has offered your name as a reference.

To assist us in determining this applicant's eligibility for membership, we would appreciate you completing this questionnaire and returning it at your earliest convenience. Please do not share your responses with the applicant. Your responses will be held in strict confidence.

You may also submit your reference via e-mail - visit [www.morristownambulance.org/emailreference](http://www.morristownambulance.org/emailreference) for information.

Thank you for your assistance.

Membership Committee  
Morristown Ambulance Squad, Inc.

1) How long, and in what capacity, have you known this applicant?

2) How would you rate this applicant's dependability?

3) How would you evaluate this applicant's initiative?

- 4) Please comment on this applicant's integrity, honesty, and ability to maintain the confidential nature of our business.
- 5) In your opinion, is this applicant able to perform under stressful situations? Please provide an example.
- 6) To your knowledge, has this applicant been involved in any activities which demonstrate concern for others? Please describe.
- 7) Please comment on the general health of the applicant, keeping in mind that our volunteers are required to lift and carry stretchers, ascend and descend stairs while carrying equipment, maintain precarious positions during extrications, etc.
- 8) Can you offer any further insights regarding this applicant's qualifications to become a member of the Morristown Ambulance Squad, Inc.?

Signature:	Date:
Print Name:	Phone:
Address:	
Relationship to applicant:	Years known:

**In order to maintain the confidentiality of your response, please place this completed form in the enclosed pre-addressed envelope, seal it, sign your name across the flap, and either return it to the applicant to deliver or mail it directly to us.**