

# Request for Recommendation Domestic Violence Services

Community Action Partnership

Applicant's Full Name:

has applied for a volunteer position at Domestic Violence Services of Lancaster County, and requests that you provide a reference. Please complete this form and return to the applicant or to DVS. Thank you!

What is your relationship to the applicant?

Describe the personal qualities of the applicant that you believe would be an asset to our volunteer team working with survivors of domestic violence and their children.

Do you recommend the applicant for a volunteer position at Domestic Violence Services?  Yes  No


*I certify that all information contained in this recommendation is true and verifiable to the best of my knowledge.*

Printed Name:

Signature:

Date:

Please return this recommendation to the office of Community Outreach and Volunteer Coordination. Send it via email or mail to P.O. Box 359, Lancaster PA 17608

 1 (717) 299-9677 x. 3176

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