

Genesee Valley Emergency Medical Services, Inc.
P.O. Box 3 • Caledonia, New York • 14423
(585) 538-2210

Dear Sir or Madam:

The person you are providing this reference for is in the process of applying for membership with Genesee Valley Emergency Medical Services, Inc. The applicant has chosen you as a person qualified to render a fair opinion of their suitability for membership.

Please complete and sign this form as soon as possible. The applicant will not be considered for membership until the corporation receives your letters of reference. Mail this form to the address noted at the top or return it to the applicant. This information will be held in strictest confidence.

This letter of reference is for _____
Name of Applicant

Your Name: _____

Address: _____

Phone Number: _____ Best time to call _____

- In what capacity do you know this person: (check one)
 - Personal Friend Acquaintance Colleague at work Relative
 - I am not really qualified to comment on this person
 - How long have you known this person? _____ years
 - Do you understand that the person named above is applying for membership with GVEMS and the nature of the business that GVEMS is in? Yes No
 - Do you recommend this person for membership with GVEMS? (check one)
 - Highly recommend Recommend Do not Recommend No comment
- Please explain your recommendation (use the back of this sheet if needed):

Your signature: _____ Date: _____