



Confidential Reference Form

Ohio's Hospice Volunteer Services

Please be assured that any information given us will be held in strict confidence.

THIS SECTION FILLED OUT BY PROSPECTIVE VOLUNTEER

_____ has expressed an interest being a volunteer of Ohio's Hospice.
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Email _____

Submit your response within one week of _____ (date filled in by prospective volunteer)

THIS SECTION FILLED OUT BY PERSON GIVING THE REFERENCE

1. How long have you known the candidate? _____
2. What is your relationship to the candidate: _____

Please rate the candidate in the following categories:					
CATEGORY	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT OBSERVED
Dependability					
Emotional skills					
Adaptability/Flexibility					
Initiative/Follow Through					
Communication Skills					
Interpersonal Skills					

4. Do you know of any reason the candidate should **NOT** be in a volunteer position at OHI? Yes No
 If yes, please explain _____
5. Do you feel this person can make a contribution to our organization? Yes No
 If yes, please explain _____
6. Would you entrust **your** loved one with this person? Yes No
7. Do we have your permission to contact you for more information if needed? Yes No

PERSONAL REFERENCE CONTACT INFORMATION

Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____
 Reference Signature _____ Date _____