



Confidential Reference Form

Volunteer Services

Ohio's Hospice of Fayette County Volunteer Services
222 North Oakland
Washington Court House, OH 43160

You may mail the form to the above address. Please be assured that any information given us will be held in strict confidence. **We appreciate your response within one week of** _____
(Date given or mailed to reference)

Top part filled out by prospective volunteer.

_____ has expressed an interest being a volunteer of Ohio's Hospice of Fayette County.

Address _____ City _____ State _____ Zip _____
Phone # _____ Email _____

Below part must be filled out by person providing the reference.

1. How long have you known the candidate? _____
2. Your relationship to the candidate: _____
3. Assess this person's interpersonal skills _____

Please **X** the rating that you would apply to the candidate:

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

Person providing reference, please fill out contact information below.

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