



# 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: \_\_\_\_\_

<b>Please rate the candidate in the following categories:</b>					
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** \_\_\_\_\_