



Confidential Reference Form

Volunteer Services Department

Hospice of Miami County

P.O. Box 502

Troy, OH 45373

You may mail the form to the above address, fax to 937-335-8841 or scan to eshrake@hospiceofmiamicounty.org. 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 Hospice of Miami County.

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

1. How long have you known the candidate? _____

2. Your relationship to the candidate: _____

3. Assess this person's interpersonal skills _____

4. 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					

5. Do you know of any reason the candidate should **NOT** be in a volunteer position at Hospice? €Yes €No

If yes, please explain _____

6. Do you feel this person can make a contribution to our organization? €Yes €No

If yes, please explain _____

7. Would you entrust **your** loved ones to this person? €Yes €No

8. Do we have your permission to contact you for more information? €Yes €No

Please Print:

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Signature _____ **Date** _____