



Confidential Reference Form
Volunteer Services Department
 Hospice of Dayton/Hospice of Butler & Warren Counties
 324 Wilmington Avenue
 Dayton, OH 45420



You may mail the form or fax to 937-781-1318. 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 Dayton
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Email _____

- How long have you known the candidate? _____
- Your relationship to the candidate: _____
- 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					

- Do you know of any reason the candidate should **NOT** be in a volunteer position at Hospice of Dayton? Yes No
 If yes, please explain _____
- Do you feel this person can make a contribution to our organization? Yes No
 If yes, please explain _____
- Would you entrust **your** loved ones to this person? Yes No
- Do we have your permission to contact you for more information? Yes No

Please Print:

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

Signature _____ **Date** _____