

References for New Volunteers

Name of New Volunteer: _____

Phone: _____ Date Completed: _____

Please submit 3 references for our review. If possible, only 1 should be a personal reference.

Reference 1: Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to Volunteer: _____

Does this person expect to be contacted by Hospice? Yes No

Reference 1: Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to Volunteer: _____

Does this person expect to be contacted by Hospice? Yes No



Reference 1: Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to Volunteer: _____

Does this person expect to be contacted by Hospice? Yes No

This signature gives Hospice Renfrew permission to contact my references listed above.

Signature

Date