

Madawaska Valley Hospice

Reference Form For a Prospective Volunteer

Madawaska Valley Hospice is a not for profit organization that provides palliative care and support to individuals and their families who are suffering from a life threatening or terminal illness. We also provide grief and bereavement support. Volunteers with Hospice are directly involved with clients/families during a very difficult time and therefore must be very sensitive to the needs of others.

We appreciate you taking the time to complete this Reference Form on their behalf.

Applicant's Name: _____

Reference Name: _____

Address: _____

Phone: _____

Email: _____

How long have you know the applicant: _____

Relationship to applicant: _____

What are the applicant's strengths? _____

Is the applicant reliable? (punctual?) _____ Yes _____ No

Can he/she work independently? _____ Yes _____ No

Will he/she keep information confidential? _____ Yes _____ No

Does he/she handle supervision well? _____ Yes _____ No

Is there anything that Hospice should be aware of before accepting this person as a volunteer? _____

Signature: _____

Date: _____