

HOSPICE NORTHWEST VOLUNTEER REFERENCE FORM

Date: _____ Name of Applicant: _____

Name of Reference

Address of Reference

Phone Number(s) of Reference: _____ Signature of Reference: _____

Circle the appropriate answer(s) below. Note: Scale Rating - 5 signifies the highest rating.

- Availability of Time:** In your opinion, does the person have enough time to assume a significant volunteer responsibility? Yes ___ No ___
- Reliability:** On a scale of 1 to 5, rate the applicant's reliability: 1 2 3 4 5
- Listening Skills:** Please rate the applicant's listening skills: 1 2 3 4 5
- Discretion:** Please rate the applicant's respect for the confidentiality involved with sensitive matters: 1 2 3 4 5
- Coping:** Please rate the applicant's ability to cope with stress 1 2 3 4 5
- Please rate the following characteristics on a scale of 1 to 5: (5 is the highest rating)
 - Compassion 1 2 3 4 5
 - Honesty 1 2 3 4 5
 - Sincerity 1 2 3 4 5
- How long have you known the applicant? _____ years
- In what capacity have you known the applicant? (ie. friend, co-worker, etc).

NOTE: For confidentiality reasons, please seal this form in an envelope after completion and return it to the applicant. You may be called again to corroborate the above information.

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