

Community Home Health Services

Your name has been given as a reference by: _____ who has applied for a position as a Community Home Health Services Volunteer. We would greatly appreciate your prompt reply. All information is strictly confidential.

Please feel free to call 1-800-404-4852 or 317-621-4785 regarding any questions or concerns.

Sincerely,

Community Home Health Services Representative

Title

I request and grant permission for the release of the following information to Community Home Health Services for the purpose of application as volunteer.

Volunteer Signature

Date: _____

REFERENCE

Please complete the following:

How long have you known the applicant? _____

In what capacity? _____

In your opinion:
is the applicant reliable? _____

Does he/she relate well to others of diverse backgrounds and circumstances? _____

Does he/she work well in situations that require cooperative effort? _____

What special qualifications does the applicant have? _____

At times, CHHS volunteers may find themselves in different environments than they are accustomed to. How do you feel this applicant would react if they were exposed to situations that might be considered stressful or emotional?

Comments: _____

Reference Signature

Date

FOR OFFICE USE ONLY

____ Phone Interview

Date _____

Name of Reference

Person Conducting Interview