



Dear Applicant,

Please give this form to two people who know you professionally (co-worker, supervisor, clergy, volunteer coordinator, teacher, etc.) Instructions for them to return the form are listed below. Thanks!

Volunteer Reference Check

The individual named below has applied to become a volunteer at Fairview Hospice and has given your name as a reference. Hospice volunteers support terminally ill patients and their families through direct support and/or behind the scenes in the hospice office. Your evaluation of this applicant would be appreciated. The information you provide will assist us in making appropriate placements and will be considered confidential. Please return this form as soon as possible.

Volunteer Applicant _____

1. In what capacity have you known the applicant and for how long?
2. Please describe the characteristics of the applicant that would make them an appropriate volunteer. Consider maturity, reliability, initiative, willingness to work, interpersonal skills.
3. Describe the applicant's ability to work with different age groups, people with serious medical conditions, and people of diverse cultures.
4. Do you feel the applicant is well organized and can attend to details?

Referrer's Name (print) _____ Referrer's Phone #: _____

Signature _____ Date _____

Thank you for completing this form. If you have any questions please contact:
Fairview Hospice at 612-728-2455 and ask to speak to someone in the Volunteer Department

Mail to: Fairview Hospice
Attention: Volunteer Department
2450 26th Ave S
Minneapolis, MN 55406

Or FAX to the Volunteer Department at 612-728-2400

Or email a PDF to FHCHVOLSUPPORT@Fairview.org