



## Volunteer Services Reference Verification

*To be completed by prospective volunteer:*

I hereby authorize Montgomery Hospice and Prince George's Hospice to make reference inquiries which will provide applicable information concerning my ability to work as a hospice volunteer.

Applicant Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Reference \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number of reference \_\_\_\_\_

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The above applicant has applied for a position with Montgomery Hospice and Prince George's Hospice. We would appreciate your cooperation in completing the appropriate information below as they pertain to this applicant. Please return this form at your earliest convenience, as the applicant's file is not complete without verified references. Thank you for your anticipated cooperation.

**Number of years you have known the applicant:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Please comment on applicants ability to relate to others:** \_\_\_\_\_

**Montgomery Hospice and Prince George's Hospice provides compassionate care to terminally ill persons and their families. Would you recommend the applicant above as a hospice volunteer?**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to:  
Montgomery Hospice, Attn: Volunteer Services, 1355 Piccard Drive, Suite 100, Rockville, MD 20850  
301-921-4433 (fax) [volunteerservices@montgomeryhospice.org](mailto:volunteerservices@montgomeryhospice.org)