



Volunteer Services Reference Verification

To be completed by prospective volunteer:

I hereby authorize Montgomery & 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 _____

The above applicant has applied for a position with Montgomery & 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 & 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, Inc.
Attn: Volunteer Services
1355 Piccard Drive, Suite 100, Rockville, MD 20850
301-921-4433 (fax) lnorris@montgomeryhospice.org