



Volunteer Services Reference Form

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 (Print) _____

Applicant Signature _____

Name of Reference (Print) _____

Reference's Address _____

City _____ *State* _____ *Zip* _____

Reference's Phone Number _____

To be completed by the volunteer's reference (must be a non-family member):

The above applicant has applied for a position with Montgomery & Prince George's Hospice. We would appreciate your cooperation in completing the 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 the applicant's demeanor and ability to relate to others: _____



Montgomery and Prince George's Hospice provides compassionate care to terminally ill people and their families. Would you recommend this applicant as a hospice volunteer? Why or why not?

Signature _____ Date _____

Please return this completed form to:

Montgomery & Prince George's Hospice
Attn: Volunteer Services
700 King Farm Blvd. #400
Rockville, MD 20850

DKearney@montgomeryhospice.org