



Community Care Team
Hospice Family Care
Volunteer Reference Form

Prefer submitting an electronic form? You can complete this form online at www.hospicefamilycare.org, under the Volunteers tab.

I. Volunteer Applicant completes the following information:

I, _____, authorize _____
Volunteer applicant name *Name of person giving reference*

to give a personal reference of myself to Hospice Family Care.

II. Person giving the reference completes the following information:

Name: _____ Telephone: _____

1) How long have you known the above person? _____

2) In what capacity have you known him/her? _____

3) What is your sense of his/her coping skills if working with dying patients? _____

4) Other comments: _____

Signature of Person Giving Reference

Date

Please return to:
Hospice Family Care
Volunteer Services Dept
10000 Serenity Lane
Huntsville, AL 35803

Email: volunteercoordinator@hospicefamilycare.org



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III. Volunteer Applicant completes the following information:

I, _____, authorize _____
Volunteer applicant name *Name of person giving reference*
to give a personal reference of myself to Hospice Family Care.

IV. Person giving the reference completes the following information:

Name: _____ Telephone: _____

5) How long have you known the above person? _____

6) In what capacity have you known him/her? _____

7) What is your sense of his/her coping skills if working with dying patients? _____

8) Other comments: _____

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