



Adult Volunteer Reference Form

Referee's Information

Name: _____

Phone (home): _____ Phone (cell): _____

Email Address: _____

Street Address: _____

Reference

Potential Volunteer's Name: _____

Potential Volunteer's Center Preference: Columbia Olney Not Sure

How do you know this person and for how many years? _____

Based on your experience with this individual, do you believe he/she has the patience to work in a program for health impaired older adults, some of whom have Alzheimer's disease or another disease or disability causing severe confusion?

Based on your experience, does this individual have the emotional stability and personality to work with participants with physical and mental disabilities?

Are you able to vouch for this applicant's honesty? Yes No

Is there anything else you can share with us about this applicant that you believe would be helpful?

Signature

Date