

VOLUNTEER REFERENCE FORM

Trinity Health Oakland

You have been asked to give a short reference for ______ who wishes to volunteer at Trinity Health Oakland in Pontiac, Michigan. Could you please take a moment and complete the following questions and return ASAP? Your responses are completely confidential, and the applicant will not see them, so please be honest. We take our commitment to providing quality volunteers very seriously and welcome your candid input.

Thank you, Barbara Stephen Volunteer Specialist and Bereavement Care, THOA Barbara.Stephen@trinity-health.org Tel: 248-858-3036 • Fax: 248-858-3033

- 1. How long have you known the applicant?
- 2. In what capacity have you known this applicant? (Note: if you are related to the participant, you are not eligible as a reference. Acceptable: friend, neighbor, co-worker. Not acceptable: roommate, mother-in-law, cousin, current or former spouse or boyfriend/girlfriend, etc.)
- 3. In what ways do you feel this individual would be a good volunteer for Trinity Health?
- 4. Do you know any reasons why this individual should not be a volunteer working with the general public?
- 5. Would you like information about becoming a volunteer yourself? If so, please enter your name and email address and any other relevant contact information.

Please include your name & contact information in case we have questions. Thank you again for your input!

Name:

Phone or Email: _____

Date: _____

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