



**Volunteer Resources
Confidential Reference Verification**

Dear _____,

Your name has been given as a reference by _____, who has applied to become a volunteer at a TriHealth facility. We would appreciate your completing this form to help us determine the applicant's suitability to serve as a volunteer. Your input would be greatly appreciated and will remain confidential. Please return the completed form in the enclosed envelope or fax it to the appropriate fax number below. If you have questions, please call

Bethesda North Volunteer Resources at 513-865-1164 (fax 513-865-1469) or
Good Samaritan Volunteer Resources at 513-862-2368 (fax 513-862-4931)

Thank you.

Authorization of Applicant:

I authorize the person specified above to release to TriHealth the information requested. I hereby release TriHealth and the person specified above from all liability which may arise from the release of the information provided.

X Applicant's Signature _____ Date _____

How long have you known the applicant? _____

How did you come to know him/her? _____

In your opinion:

Is the applicant dependable, courteous, and willing to help?

Yes ___ No ___ Comments _____

Is the applicant able to relate to others in a way that would be appropriate in a hospital setting?

Yes ___ No ___ Comments _____

Can the applicant act appropriately in the absence of supervision?

Yes ___ No ___ Comments _____

The ability to protect the privacy of patients and respect confidential information is vital in a hospital setting. In your opinion, is the applicant able to maintain confidentiality?

Yes ___ No ___ Comments _____

Additional comments: _____

Signature of Reference _____ Date _____

PLEASE RETURN BY _____