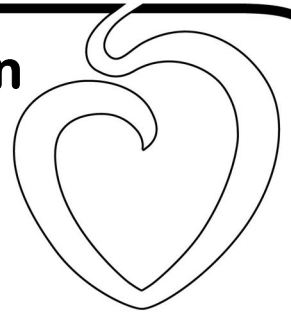


Montgomery Hospice Volunteer Application

Reference Verification



To be completed by prospective volunteer:

I hereby authorize Montgomery Hospice to make reference inquiries which will provide applicable information concerning my ability to work as a hospice volunteer.

Name: _____ Signature: _____ Date _____

(Please print.)

Name of reference: _____

Address of reference: _____

Phone number(s) of reference: _____

Relationship: _____

To be completed by reference:

How long have you known the individual named above? _____

What is your connection/relationship to him/her? _____

When were you last in contact with him/her? _____

Please comment on prospective volunteer's ability to relate to others: _____

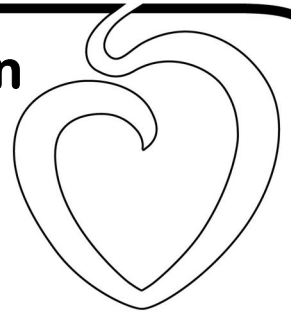
Montgomery Hospice is an agency that provides compassionate care to terminally ill persons and their families. Would you recommend the individual named above as a hospice volunteer? _____

Signature: _____ Date _____

**Please return this completed form to: Volunteer Services Office,
Montgomery Hospice, 1355 Piccard Drive, Suite 100, Rockville, MD 20850**

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