



Carolinah HealthCare System

No One Dies Alone Volunteer Reference Form

(To be completed by someone in church leadership)

Name of applicant: _____

Please complete this reference form in regard to the applicant's suitability to become a volunteer at Carolinas HealthCare System Lincoln. We appreciate your honest opinion and hope that you will feel free to express any concerns that you may have. If you wish to further discuss any issues, please call (980) 212-6041. Thank you for your assistance.

Name: _____

Phone: _____

Relationship to applicant: _____

How long have you known the applicant? _____

Please describe any special skills, strengths and abilities this applicant will bring to the volunteer program:

Do you consider the applicant a responsible/dependable person? Why or why not?

Please rate his or her maturity level: (low) 1 2 3 4 5 (high)

Would you recommend the applicant as a "No One Dies Alone" volunteer for Carolinas HealthCare System Lincoln? Why or why not? _____

Additional comments: _____

Signature: _____ Date _____