



# Regional One Health

## CONFIDENTIAL VOLUNTEER REFERENCE REPORT

Your name has been provided as a reference by \_\_\_\_\_, who has submitted an application to the Volunteer Services Department at Regional One Health. We would appreciate your completing this form and returning it to the Department so that we may make a decision on the applicant's placement. The information you supply will remain confidential.

Thank you,

**Volunteer Services Department**  
Regional One Health

---

How long have you known the applicant?

---

In what capacity have you known the applicant?

---

---

Describe the applicant's reliability and willingness to make this type of volunteer commitment.

---

---

---

Would you recommend the applicant for placement in a setting such as Regional One Health?

---

---

Additional Comments:

---

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Please complete and mail, scan/email, or fax back to Attn: Volunteer Services, Regional One Health, 877 Jefferson Ave., [volunteers@regionalonehealth.org](mailto:volunteers@regionalonehealth.org), Office: 901.545.7247, Fax: 901.515.9161.