



PERMISSION TO CONDUCT REFERENCE CHECK

I _____ (applicant), hereby authorize Trinity Health Grand Haven to solicit a:

- Personal Professional Family Reference

from _____ (name of reference) in connection with my application for Volunteering with Trinity Health Grand Haven.

I hereby authorize the above named individual to provide a reference in connection with my volunteer application with Trinity Health Grand Haven, and release them from any liability in regard to same.

Signature

Date

REFERENCE QUESTIONNAIRE

Reference name _____ Phone _____

How long have you known the applicant? _____

Do you think that this applicant would perform well in a Volunteer position? Yes No

Why or why not? _____

What are the applicant's strengths? _____

What are the applicant's weaknesses? _____

Would you characterize this applicant as honest/dependable? _____

Explain _____

Is there anything you would like to provide about this applicant? _____

Signature

Date

Please return in envelope provided, at your earliest convenience. Applicant will not begin volunteering until references are returned.