

Volunteer Resources
Confidential Reference Verification

Dear **Frank Kammer**,

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? One or more years
How did you come to know him/her? Train Clubs or Bethesda North

In your opinion:

Is the applicant dependable, courteous, and willing to help?
Yes **X** No _____ Comments Works well with others

Is the applicant able to relate to others in a way that would be appropriate in a hospital setting?
Yes **X** No _____ Comments Very out going.

Can the applicant act appropriately in the absence of supervision?
Yes **X** No _____ Comments We are only in the lobby running the trains during the holidays.

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 **X** No _____ Comments We are only in the lobby have no direct dealing with patients.

Additional comments: I Frank Kammer have created this form for the purpose of expediting the application for the folks that I am requesting to be permitted to operate the trains in the lobby.

Signature of Reference Frank P. Kammer Date _____

PLEASE RETURN BY _____
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