

FAMILY ELDERCARE  
LIFETIME CONNECTIONS WITHOUT WALLS

REFERENCE QUESTIONNAIRE

Name of Potential Volunteer:

Name of Reference (include telephone number):

How long have you known this individual and in what capacity?

Do you feel that this individual can adequately handle being a facilitator and teach a session? Why? (Please be specific)

Do you feel that this individual exhibits sensitivity with empathy to serve as a volunteer helping older adults? Why? (Be specific)

How would you describe this individual's personality? (example: caring, trustworthy, responsible, etc.)

Do you have any concerns about this individual that would lead you to believe that they would not be appropriate working with a vulnerable population? (Be specific)

Do you have additional comments in reference to this individual?