

Pillars Community Health

Healing. Caring. Educating.

Buddy's Place

A Program for Bereaved Children and Their Families

REFERENCE LETTER*

DATE _____

Dear _____:

You have been identified as a personal reference to be used in considering _____ as a volunteer for Pillars Community Health's **Buddy's Place**. Volunteers will receive training to prepare them to lead support groups for children ages four to eighteen and their families who have experienced the death of a parent. It is very important to **Pillars Community Health** that there are no questions regarding the integrity of our volunteers. This reference check is a key element in our screening process, and the information you provide will be treated confidentially.

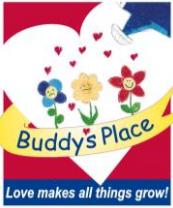
Please assist us by responding to the questions on the reverse side as honestly as possible. We greatly appreciate your time and effort. If you have any questions, please contact me.

Sincerely,

Michelle

Michelle Halm, Director
mhalm@pchcares.org
708-995-3571

* Volunteer applicants, please fill in this side and give to a personal reference to complete the reverse side.



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VOLUNTEER REFERENCE FORM

APPLICANT'S NAME _____

How long have you known the applicant and in what context?

What is your opinion of the applicant's ability to interact compatibly with adults and children?

Do you have any concerns that the applicant might not be an appropriate ***Buddy's Place*** volunteer?

Please comment on the applicant's maturity, dependability, and ability to make a time commitment.

To your knowledge, does the applicant have current grieving issues that have not yet been addressed? If yes, please explain.

PRINTED NAME _____

TELEPHONE _____ EMAIL: _____

ADDRESS _____

SIGNATURE _____ DATE _____

PLEASE RETURN THIS COMPLETED FORM TO:
PHONE: 708.995.3751 * EMAIL: MHALM@PCHCARES.ORG