



Re: Reference for Hospice Volunteer Program

Dear friend,

_____ has applied to join our volunteer program at Hospice of Southern Maine and has named you as a reference.

Please share your comments below about the applicant and his or her attributes as a potential volunteer for patients with life-limiting illnesses and their families.

Please fax, email or mail this form to HSM at your earliest convenience. Thanks so much for your help.

Name of reference: _____

Address: _____

Phone: _____

Date: _____

Volunteer Services Manager
Hospice of Southern Maine
390 US Route One, #1
Scarborough, Me. 04074
volunteer@hospiceofsouthernmaine.org
Telephone: 207-289-3652
Fax: 207-289-3109

MAIN OFFICE
390 US Route One
Scarborough, ME 04074

GOSNELL MEMORIAL HOSPICE HOUSE
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Scarborough, ME 04074

phone: (207) 289-3640
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