



Request for Reference

FACILITATING INDEPENDENT LIVING

Time Sensitive Material • Please respond promptly

Interfaith Caregivers' mission is to facilitate independent living by providing supportive volunteer services for people who are 65 plus or have disabilities. Based on the age-old concept of neighbor helping neighbor, Interfaith Caregivers matches clients with volunteers who can assist them. Our services include: transportation, shopping, errands, meals, companionship and respite care.

The person listed on the next page will be attending our next New Volunteer Orientation and has requested that you fill out this form and return it to us in the envelope provided. Thank you for your time.

Interfaith Caregivers

ifchaddons.org • 856-354-0298 • P. O. Box 186, Haddonfield, NJ 08033

Rev. 10/2015



Reference Form

FACILITATING INDEPENDENT LIVING

Volunteer's Name _____

How do you know this person and for how long? _____

In what way do you feel this person would be an asset to Interfaith Caregivers?

Please describe this person's strengths: _____

Additional comments: _____

Your Name (please print): _____

Address: _____

Best Number to Call: _____

Signature: _____

Date: _____

Please fill out, sign, and return in the envelope provided.