

HOPE HOUSE OF SOUTH CENTRAL WI., INC.

VOLUNTEER REFERENCE FORM

Person applying for the position: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

1. Please list applicant characteristics that will contribute to Hope House and volunteer duties:
2. Have you witnessed the applicant in a volunteer capacity? If yes, please describe:
3. Please state your experiences of witnessing the applicant working with others:
4. Please list any other pertinent information regarding the applicant:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please mail completed form to: **Hope House**  
**PO Box 557**

Baraboo, WI 53913

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Relationship to applicant: \_\_\_\_\_

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2. Have you witnessed the applicant in a volunteer capacity? If yes, please describe:
  
  
  
  
  
  
  
  
  
  
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4. Please list any other pertinent information regarding the applicant:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please mail completed form to:

Hope House  
Attn: Volunteer Services  
PO Box 557  
Baraboo, WI 53913  
Or email to: [hhoffice@hopehousesw.org](mailto:hhoffice@hopehousesw.org)