Dorothea Dix Psychiatric Center
P.O. Box 926, Bangor, ME 04402-0926

VOLUNTEER OFFICE
Reference Form

This section to be completed by volunteer:

I do hereby request and authorize _____
(reference name, address, phone)

_____ to furnish DDPC information that would be helpful in considering my ability to serve as a volunteer.

Volunteer signature: _____ Date: _____

This section to be completed by person named as reference:

1. How long have you known the applicant?
2. What is your relationship with the volunteer?
3. What qualities does the applicant possess that would make him/her a good volunteer?
4. Do you have any reservations about this person volunteering at DDPC?
5. Other comments you may like to add:

_____
Signature date

Please return this form to the Volunteer Office, Dorothea Dix Psychiatric Center, P.O. Box 926, Bangor, ME 04402-0926