



Dear _____:

Your name has been given as a reference by _____ who has submitted an application to be a volunteer at Bryan's House. Bryan's House provides medically managed child care for children with special medical needs. Because many of our children are fragile both medically and emotionally, our volunteers must be mature and be of good character. We would appreciate your completing this form and returning it to the address or fax listed below so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program. All information you supply will be confidential. Thank you for your help.

Volunteer Coordinator
Bryan's House
PO Box 35868
Dallas, Texas 75235
(214) 559-2827 Fax

How long have you known the applicant? _____

Describe the applicant's reliability and willingness to make a commitment such as this:

Do you know of any problem the applicant has that would affect his/her volunteering with young children?

Would you recommend the applicant for placement in a setting such as ours? yes _____ no _____

If not, do you feel he/she may be more suited for another type of volunteer agency?

Additional comments: _____

Would you entrust the care of your child to the applicant? _____

Signature _____ Date _____