



Family Eldercare Reference Questionnaire

Please forward to:

Volunteer Services-Family Eldercare
2210 Hancock Drive, Austin, Texas 78756
e-mail: volunteer@familyeldercare.org
Office: (512) 483-3582 Fax: (512) 459-6436

Name of Potential Volunteer _____

Name of Reference (Please include telephone number): _____

How long have you known this individual and in what capacity?

Do you feel as though this individual can adequately handle being a surrogate decision-maker for an incapacitated person? Why? (Please be specific)

Do you feel as though this individual is trustworthy to handle the financial affairs of another person? Why? (Please be specific)

Do you feel as though this individual exhibits sensitivity with empathy to serve as a volunteer who will be assisting a vulnerable elderly or adult with disabilities? Why? (Please be specific)

How would you describe this individual's personality? (For example: caring, trustworthy, responsible, etc.) (Please be specific)

Do you have any concerns about this individual that would lead you to believe that they would not be appropriate working with a vulnerable population? (Please be specific)

Do you have additional comments in reference to this individual?