*A perspective volunteer has submitted you as one of their references in their application.*

*The Holistic Health Community (HHC) is a not-for-profit collection of holistic health care providers and other volunteers who offer their services to assist people holistically with their health problems during our Community Holistic Healthcare Days or Virtual Holistic Healthcare Weeks. Our mission is to serve our community by promoting wellness and healthy living. Insurance coverage is not needed. Services for the healthcare may be returned in-kind by volunteer hours, or other local community service.*

*HHC has an application process that asks each applicant to provide copies of any licenses, certificates, and ordination. Two letters of reference are asked of each volunteer. The perspective volunteer has submitted you as one reference. We keep the information as confidential as possible but if you are uncomfortable with your responses being written and submitted or if you wish to contact us about anything, please feel free to call Ms Cornelia Wathen at 845-657-4137.*

*Please answer the following questions. Thank you.*

Volunteer Candidate's Name who you are writing this reference for:

Your Name:

Your Address:

Your Phone:

Your Email:

Is the Volunteer Applicant one whom you support as compatible with the HHC mission?

Is there any reason this person would be a detriment to our organization?

If the applicant is looking to become a Practitioner of the HHC, we would like to know if you have had first-hand experience with their work. If so, do you have any concerns to share?

Length of time that you've known the applicant:

*By typing your name, or signing below, you agree that all the information you provided is true to the best of your knowledge.*

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*SIGNATURE OF REFERENCE*  *DATE*

**Please send completed letters to: Cornelia Wathen, 24 Woodland Road, Stone Ridge, NY 12484**

**Or email this form to** [**WathenCornelia@gmail.com**](mailto:WathenCornelia@gmail.com)