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Please mail, FAX or email completed form to:

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BMT Volunteer Program Reference Form for BMT Volunteer Application

(To be filled out by applicant)

Applicant Name: _____	<input type="checkbox"/> Patient	<input type="checkbox"/> Caregiver
Type of transplant: <input type="checkbox"/> Autologous <input type="checkbox"/> Allogeneic	Day 0: ___/___/___	
Reference Name: _____	Position: _____	
Phone #: _____	Fax #: _____	

Dear Referring Practitioner:

The individual named above is applying to become a volunteer with our BMT program and has listed you as a reference. As a BMT volunteer, their role will entail visiting patients currently undergoing stem cell transplant and their caregivers either in the hospital or in the outpatient BMT clinic. Our volunteers go a long way to provide hope and inspiration to our patients during the transplant process. It takes a special kind of person to relate to individuals on this level. Your feedback will be helpful to us in understanding whether this person is a good fit for the BMT volunteer program.

Please describe how you know this volunteer applicant. _____

How long have you known this person? _____

Can you please describe what personal qualities this applicant possesses for such an important role? _____

Do you have any concerns about this applicant's ability to perform this role?

Thank you for your thoughtful input! Please fax, mail or email this form to address listed above.