

BEAUTY BUS VOLUNTEER REFERENCE CHECK FORM



BEAUTY BUS FOUNDATION
VOLUNTEER REFERENCE CHECK FORM

Beauty Bus Foundation
2716 Ocean Park Blvd., Suite 1062
Santa Monica, CA 90405
phone 310.392.0900 | fax 310.392.0907
www.beautybus.org

Thank you for agreeing to provide a reference for Beauty Bus Foundation.

Beauty Bus Foundation delivers dignity, hope and respite to chronically or terminally ill men, women and children and their caregivers through beauty and grooming services and pampering products.

Beauty Bus accomplishes our mission through:

- **In-Home Beauty and Grooming Services:** Beauty Bus' core program provides in-home beauty and grooming services, free of charge, to patients whose illness or condition prevents them from accessing a salon or spa and their caregivers.
- **Pop-Up Salons:** Beauty Bus creates Pop-Up Salons where patients and caregivers receive a variety of complimentary beauty and grooming services in a setting that promotes support and serenity.
- **Bag of Beauty Program:** Beauty Bus gives complimentary Bags of Beauty filled with pampering products to remind patients and caregivers that they deserve to look and feel beautiful.

Because of the sensitive nature of entering people's homes, Beauty Bus carefully screens our volunteers. We appreciate your time, assistance and candor.

All information you provide will be confidential to the volunteer applicant and will only be reviewed by Beauty Bus staff and volunteers as needed. Please contact us should you have any questions.

Volunteer Applicant Name: _____

Reference Name: _____

Do you think this person would be a good volunteer? Yes ___ No ___

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

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GENERAL IMPRESSIONS OF REFERENCE: _____

1. From your experience, does the applicant follow through with commitments?

Yes____ No____

2. Do you believe the applicant will act professionally?

Yes____ No____

3. Do you believe the applicant will be timely?

Yes____ No____

4. Do you believe the applicant will be able to handle emotional situations?

Yes____ No____

5. Any concerns regarding this applicant?

Yes____ No____

If yes, please explain: _____

Printed Name

Signature

Date

Please return completed reference to Beauty Bus Foundation

Mail: Attn: Volunteer Coordinator 2716 Ocean Park Blvd., Suite 1062, Santa Monica, CA 90405

Fax: Attn: Volunteer Coordinator 310-392-0907

Email: volunteer@beautybus.org

Phone: 310-392-0900