

**Reference Form**

To the Chairperson

Trauma Care International Foundation

Dear Ma,

NAME OF INDIVIDUAL (on top)

I wish to confirm that I have known the above-named individual for-------------years and would like to attest to their stability for the purpose of volunteering at Trauma Care International Foundation’s first responder network.

Home address---------------------------------------------------------------------------------------------

Phone Number----------------------------------------------------------------------------------------------

Email address------------------------------------------------------------------------------------------------

Place of current employment-----------------------------------------------------------------------------

Yours faithfully

 ----------------------------------------- -----------------------------

  **Signature**  **Date**

**Name of Referee**------------------------------------------------------------------------------------------------------------

**Address of Referee**---------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------

“CAUTION”

IT IS VERY DANGEROUS TO INTRODUCE A PERSON WHO IS NOT WELL-KNOWN TO YOU