

## VOLUNTEER REFERENCE FORM

All information provided is **CONFIDENTIAL**

A teacher, coach, clergy, neighbour, employer, camp counsellor, volunteer supervisor, or someone that knows you well should provide the reference. Relatives' names are not acceptable.

This individual is applying to volunteer at the *Lennox and Addington County General Hospital*. As a volunteer this individual may have contact with people who are vulnerable, recovering from illness or have special needs. Volunteer activities may include visiting, offering support and comfort, handling cash, and working in positions of trust and confidentiality. Volunteers are required to work cooperatively with employees, visitors and other volunteers.

Name of Volunteer \_\_\_\_\_

Name of Reference \_\_\_\_\_ Phone: \_\_\_\_\_

Organization \_\_\_\_\_ Title: \_\_\_\_\_

How well do you know the applicant?     very well     well     casually  
How long have you known the applicant?     <6 months     1-5 years     5+ years

In what capacity do you know the applicant? \_\_\_\_\_

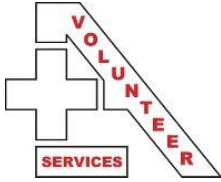
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### Please check the following:

	Poor	Fair	Good	Excellent
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectfulness of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Do you think the applicant works better:

independently     one-to-one     as a team member OR  in any combination of situations?



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**What area(s) do you think the applicant needs to develop or strengthen?**

- judgement     initiative     commitment     interpersonal skills     confidence

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consider the applicant suitable to be a volunteer at the Lennox and Addington County General Hospital knowing that he/she may not receive direct supervision?

- YES     NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you or a family member were a patient/resident at the Lennox and Addington County General Hospital, would you want this person to visit you?

- YES     NO

Are there any other comments you would like to make?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All information provided is CONFIDENTIAL. Please return the completed form:**

- ➔ **to the Membership Convenor & Coordinator of Volunteer Services in a sealed, signed envelope OR**
- ➔ **email it to [bjacka@lacgh.napanee.on.ca](mailto:bjacka@lacgh.napanee.on.ca)**

If you prefer to contact the Lennox and Addington County General Hospital Volunteer Services directly, please call Beryl Jacka at (613) 354-2562.

*Thank you for your time.*

**Date:** \_\_\_\_\_

**Signature of Reference:** \_\_\_\_\_