

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

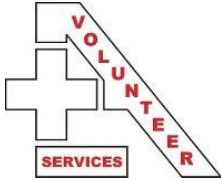
In what capacity do you know the applicant? _____

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 susan.jack@lacgh.napanee.on.ca**

If you prefer to contact the Lennox and Addington County General Hospital Volunteer Services directly please call Susan Jack at (613) 354-3301 Ext 297 and leave a message

Thank you for your time.

Date: _____

Signature of Reference: _____