

VOLUNTEER REFERENCE FORM

All information provided is confidential

A teacher, coach, clergy, neighbour, employer, camp counsellor, volunteer supervisor, or someone over the age of 18 who has known you a minimum of two (2) years should provide the reference. Family members are not acceptable references.

This individual is applying to do volunteer work at Peterborough Regional Health Centre. 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 patients, employees, visitors and other volunteers.

Name of Volunteer:	
Name of Reference:	Phone:
Organization:	Title:
How well do you know the applicant? <input type="checkbox"/> very well <input type="checkbox"/> well <input type="checkbox"/> casually	
How long have you known the applicant? <input type="checkbox"/> 2 - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 10 - 20 years <input type="checkbox"/> 20 + years	
In what capacity do you know the applicant?	

Please check the following	Poor	Fair	Good	Excellent	Unable to Judge
Reliability	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Compassion for others	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you think the applicant works better:				
<input type="checkbox"/> independently	<input type="checkbox"/> one-to-one	<input type="checkbox"/> as a team member	<input type="checkbox"/> in any combination of situations	<input type="checkbox"/> unable to Judge

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Do you consider the applicant suitable to be a volunteer at PRHC knowing that they may not receive direct supervision?

yes no maybe

If you or a family member were a PRHC patient would you want this person to visit you?

yes no maybe

Are there any other comments you would like to make?

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The referee can return the completed form directly to Volunteer Services in any of the following ways:

- By email to volunteers@prhc.on.ca
- By fax to 705-876-5104
- By mail to:
Volunteer Services
Peterborough Regional Health Centre
1 Hospital Drive, Peterborough, ON K9J 7C6
- To the applicant in a sealed, signed envelope

If you prefer to provide a reference by phone, contact Volunteer Services at 705-876-5066, Monday to Friday, 8:00 a.m. - 4:00 p.m.

Signature: _____

Date (DD/MM/YYYY): _____

*All personal information will be stored and used for Volunteer Services purposes only.