

## Volunteer Reference Form

**Volunteer Applicant Name:** \_\_\_\_\_

Volunteers work with long-term care residents, patients in hospital and clients in the community. It is important that the volunteer applicant have the necessary skills to interact positively and appropriately with the population we serve. Your reference will help determine the applicant's suitability in becoming a member of our volunteer team. Please comment on the below as it relates to the applicant.

<b>How long have you known the applicant and in what capacity?</b>	
<b>Reliability</b> (e.g. punctuality, attendance record)	
<b>Trustworthiness</b> (e.g. ability to work with minimal supervision)	
<b>Ability to work with others</b> (e.g. comfort level with difficult situations)	
<b>Respectfulness</b> (e.g. courteousness, responsibility)	
<b>Interpersonal skills</b> (e.g. listening skills, friendliness)	
<b>Ability to work in a team environment</b> (e.g. considerate of others)	
<b>Other relevant information</b> helpful in determining the applicant's suitability	

**Referee Signature:**

**Telephone:**

**Email:**

**Date:**

**Please email, fax or mail this completed form to the site at which the applicant prefers to volunteer.**

Visit [www.easternhealth.ca/give](http://www.easternhealth.ca/give) for contact information (click on 'volunteer resources' and 'contact us').  
Otherwise, email the form directly to [volunteer.resources@easternhealth.ca](mailto:volunteer.resources@easternhealth.ca) (indicating the preferred site).

Personal information contained on this form is collected and stored pursuant to the Access to Information and Protection of Privacy Act (ATIPPA) and will be used for the purpose of volunteer selection and placement at Eastern Health. This information will not be shared unless requested from the applicant and/or their guardian. If you have questions about the collection and use of this information, please contact the Volunteer Resources Division.