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| NEWCITY | Seniors Services andLong-Term Care |  VO-0401-00Appendix C |

**Volunteer Services Reference Form**

***An employer/previous Volunteer Supervisor, a teacher, coach, clergy, physician, landlord or someone who knows you well should provide a reference. Family members or friends may not provide a reference***.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The following, |       |  has applied to volunteer at |       | . |

 ***(Prospective volunteer) (Name of Home or Community Program)***

As a volunteer, this individual would have contact with residents/clients who are vulnerable, recovering from illness and have special needs. Volunteers assist staff, residents/clients and their families in a variety of ways. Activities might include visiting, offering support and comfort, working in positions of trust and confidentiality. Volunteers are also required to work co-operatively with staff and other volunteers.

**Please put completed form in envelope provided, seal and return to applicant.**

**Referee Information:**

|  |  |
| --- | --- |
| Name of Referee: |       |
| Organization: |       | Title Position: |       |
| Address: |       |
| Phone #: | (   )    -     | E-mail: |       |
| Date:  |    /     /      | Signature of Referee: |  |
|  | (DD/MMM/YYYY) |  |  |

**Qualities/Strengths:**

|  |  |
| --- | --- |
| 1. How long have you known the applicant:
 |       |
|  |  |
|  |       |
|  |  |
| 1. In what capacity have you known the applicant:
 |       |
|  |  |
|  |       |

1. In your opinion, is the applicant: *(please check)*

**[ ]  Reliable** **[ ]  Responsible** **[ ]  Organized**

**[ ]  Respected** **[ ]  Friendly** **[ ]  Caring**

|  |  |
| --- | --- |
| Other Comments:  |       |
|  |  |
|       |

1. Which of the following strengths or qualities does this individual possess that would be of value in performing volunteer duties: *(please check)*

**[ ]  Ability to follow instructions** **[ ]  Takes initiative** **[ ]  Shows sound judgment**

|  |  |
| --- | --- |
| Other Comments:  |       |
|  |  |
|       |

1. What area(s) do you feel the applicant needs to develop or strengthen? *(please check)*

**[ ]  Judgment** **[ ]  Initiative** **[ ]  Commitment**

**[ ]  Interpersonal Skills** **[ ]  Confidentiality** **[ ]  Co-operation**

|  |  |
| --- | --- |
| Other Comments:  |       |
|  |  |
|       |

1. Do you recommend the applicant for a volunteer position?: **[ ]  Yes [ ]  No**

|  |  |
| --- | --- |
| Please explain:  |       |
|  |  |
|       |

1. Are you aware of any factors/behaviours about the applicant that would present a risk to the safety, security, health, comfort or well-being of residents/clients?: **[ ]  Yes [ ]  No**

|  |  |
| --- | --- |
| If "Yes", please explain:  |       |
|  |  |
|       |

|  |  |
| --- | --- |
| 8. Other comments:  |       |
|  |  |
|  |       |
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|  |       |
|  |  |
|  |       |