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| NEWCITY | Seniors Services and  Long-Term Care | VO-0401-00  Appendix 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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