RUNNYMEDE HEALTHCARE CENTRE

Volunteer Reference Form

FOR OFFICE USE
Date received:

Name of Prospective Volunteer:

This individual has applied to volunteer at Runnymede Healthcare Centre, a complex continuing care hospital that provides care for adults with neurological disorders, musculoskeletal conditions and other chronic illnesses. Volunteers are required to work cooperatively with staff and patients in a position of trust and confidentiality.

Name of Reference:

Day Phone: **Evening Phone:**

Email Address:

When is the best time to contact you? ◯ **Day** ◯ **Afternoon** ◯ **Evening**

How long have you known the applicant?

In what capacity have you known the applicant?

1. What do you consider to be the candidate's strengths and how has this been shown?

2. Please evaluate the candidate in the following areas using the scale below

		Poor				**Excellent**
a.	Reliability	1	2	3	4	5
b.	Ability to work with a team	1	2	3	4	5
c.	Communication skills	1	2	3	4	5
d.	Time management	1	2	3	4	5
e.	Honesty	1	2	3	4	5
f.	Enthusiasm	1	2	3	4	5
g.	Initiative	1	2	3	4	5
h.	Interpersonal skills	1	2	3	4	5
i.	Ability to follow directions	1	2	3	4	5

5. Would you recommend the applicant for a volunteer position? ◯ **Yes** ◯ **No**

Please explain:

I understand that any misrepresentation made by me in connection with this applicant will be just and sufficient cause for the dismissal of the applicant from Runnymede Healthcare Centre.

Signature: Date:

Please return this form to Runnymede Healthcare Centre, Volunteer Services:

fax 416. 762 .3836
e-mail volunteer@runnymedehc.ca

THANK YOU

Thank you for taking the time to complete this reference form.
If you have any questions or concerns please contact the Volunteer Services department:

Runnymede Healthcare Centre
Volunteer Services
416. 762. 7316 ext. 2678
volunteer@runnymedehc.ca