



Volunteer Reference Form



This individual is applying to do volunteer work at Kemptville District Hospital. 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 employees, visitors and other volunteers.

This completed form must be returned in a confidential manner.

Name of Volunteer: _____

Name of Reference: _____ Phone: _____

Organization: _____ Title: _____

How well do you know the applicant? Very Well Well Casually

How long have you know the applicant? < 6 months 1 – 5 years 5+ years

In what capacity do you know the applicant? _____

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

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Do you consider the applicant suitable to be a volunteer at Kemptville District Hospital knowing that he/she may not receive direct supervision? Yes No Maybe

If you or a family member were a patient at Kemptville District Hospital, would you want this person to visit you? Yes No Maybe

Are there any other comment you would like to make? _____

All information provided is **Confidential**. Please, return this form;

- ↳ E-mail to connie@alacn.ca
- ↳ Or to the applicant in a sealed, signed envelope. Unsealed references will not be accepted.
- ↳ Or if you prefer to provide a reference by phone contact Connie Parsons, President of KDH Auxiliary at 613-215-0488

Signature: _____ Date: _____