

Kemptville District Hospital Auxiliary

Volunteer Reference Form

This completed form must be returned in a confidential manner. See instructions on reverse.

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 comments you would like to make? _____

All information provided is **Confidential**. Please return this form –

- By email to volunteer@kdh.on.ca;
- 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 the KDH Volunteer Coordinator at 613-258-6133 ext. 153.

Signature: _____ Date: _____