

# 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                                                                                       

Responsibility                                                                                       

Trustworthiness                                                                                       

Self-Direction                                                                                       

Cooperation                                                                                       

Interpersonal Skills                                                                                       

Compassion for Others                                                                                       

Respectfulness of Others                                                                                       

Adaptability

Page 2 of reference for \_\_\_\_\_

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? \_\_\_\_\_

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

- E-mail to [kdh\\_volunteer@kdh.on.ca](mailto:kdh_volunteer@kdh.on.ca)
- Or to the applicant in a sealed, signed envelope. Unsealed references will not be accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_