KEMPTVILLE DISTRICT HOSPITAL
Building healthier communities

VOLUNTEER REFERENCE FORM

Thank you for providing a reference for an applicant to the Kemptville District Hospital (KDH) Volunteer Program. Your feedback will assist us in assessing the applicant's suitability for a hospital volunteer role.

KDH volunteers work in a hospital environment and are expected to demonstrate reliability, good judgment, appropriate boundaries, respect for privacy and confidentiality, and the ability to interact respectfully with patients, visitors, staff and other volunteers.

Please complete this form based on your knowledge and experience with the applicant. Your completed reference must be submitted directly to KDH and will be treated as confidential.

Applicant & Reference Information

Applicant Name: _____

Reference Name: _____ **Phone:** _____

Email: _____

Organization (if applicable): **Position/Title (if applicable):**

_____ _____

In what capacity do you know the applicant?

How long have you known the applicant?

☐ Less than 6 months ☐ 6 months-1 year ☐ 1-5 years ☐ More than 5 years

Reference Assessment

Based on your experience with the applicant, please indicate how you would describe them in the following areas:

	Excellent	Good	Fair	Concern	Unable to Assess
Reliability and dependability	☐	☐	☐	☐	☐
Communication and interpersonal skills	☐	☐	☐	☐	☐
Judgment and ability to follow direction	☐	☐	☐	☐	☐
Respect for boundaries and confidentiality	☐	☐	☐	☐	☐
Ability to work cooperatively with others	☐	☐	☐	☐	☐
Compassion and respect for others	☐	☐	☐	☐	☐

Additional Feedback

What qualities or strengths do you feel this applicant would bring to a volunteer role at KDH?

Do you have any concerns about this applicant volunteering in a hospital environment or working with patients, visitors, staff or other volunteers?

☐ No ☐ Yes - please explain below

Overall Recommendation

Based on your knowledge of the applicant, would you recommend them for a volunteer role at KDH?

☐ Yes, without reservation ☐ Yes ☐ Yes, with some reservation - please explain

☐ No ☐ Unable to determine

Comments, if applicable:

Referee Declaration

I confirm that the information provided in this reference is based on my knowledge and experience with the applicant and is accurate to the best of my knowledge.

Reference Name: _____ **Date:** _____

Signature: _____

Submitting Your Reference

Please submit your completed reference form directly to the KDH Volunteer Program by **email, mail, or in person**.

Email: kdh_volunteer@kdh.on.ca

Mail / In Person:
c/o KDH Volunteer Coordinator
Kemptville District Hospital
2675 Concession Road, PO Box 2007
Kemptville, Ontario, Canada K0G 1J0

If mailing or dropping off your reference, please place the completed form in a sealed envelope. Please do not return the completed reference form to the applicant.