



Volunteer Reference for: \_\_\_\_\_

The above named person has applied for a volunteer position at Halton Healthcare and has selected you to provide a reference. Hospital volunteers should be self-motivated, be able to make an on-going, regular commitment and have the ability to work with people of all ages and cultures. As a volunteer, this individual may often have contact with people who are vulnerable, recovering from illness or have special needs.

The information provided by you below will assist us in determining the applicant's suitability for our volunteer program. Please give the completed form back to the applicant. If you prefer to return it to the volunteer office, our contact information is at the end of the form.

The person providing the reference must not be related to the applicant. Suitable references must be adults, such as an employer, teacher, religious leader, coach, etc.

Name of reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please note: referees may be contacted by the volunteer office for verification*

How long have you known the applicant and in what capacity?

\_\_\_\_\_

1. Please rate the Applicant on the following:

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT	CAN'T COMMENT
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How does the applicant approach people, cultures or lifestyles different from their own? With...

- Open Mindedness
- Curiosity
- Acceptance
- Caution
- Judgement

Other: \_\_\_\_\_

3. If you or a family member were a patient in hospital, would you want this person to visit you?

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4. What do you see as their strengths?

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5. Is there anything we have not asked that you think we should know about this person?

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6. Keeping in mind the importance of reliability, commitment, and good judgement, what overall recommendation do you give this applicant?

- My highest recommendation.
- I recommend this individual.
- I recommend with reservations. (Please specify reasons below.)
- I cannot recommend this person to your program. (Please specify reasons below.)

Reason:

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Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

(Digital Signature is acceptable)

Please give the completed form back to the applicant. If you prefer to return it to the volunteer office directly, please ask the applicant which hospital to send it to:

GEORGETOWN Fax: (905) 873-4594 / E: [ghvolunteer@haltonhealthcare.com](mailto:ghvolunteer@haltonhealthcare.com) / Phone: (905) 873-0111 ext. 8153  
MILTON Fax: (905) 878-0498 / E: [mdhvolunteer@haltonhealthcare.com](mailto:mdhvolunteer@haltonhealthcare.com) / Phone: (905) 878-2383 ext. 7740  
OAKVILLE: Fax: (905) 338-4435 / E: [volunteer@haltonhealthcare.com](mailto:volunteer@haltonhealthcare.com) / Phone: (905) 845-2571 ext. 6814