

Volunteer Services Reference Questionnaire

- Two references are required – Must not be a family member or a personal friend!

Applicant: First Name _____ Last Name _____

The person named above is applying for a volunteer position at Providence Healthcare and has given us your name as a reference. We would appreciate your assistance in responding to the following questions:

Your Name: _____

(Referrer)

Position: _____

Phone #: _____ (You may be called for verification)

Email Address: _____

In what capacity do you know the applicant? _____

How long have you known the applicant?

☐ Less than 12 months

☐ 1-3 years

☐ 4 - 6 years

☐ 7 - 9 years

☐ 10 years and more

Please rate the following traits using the scale: 5 = excellent and 1 = poor.

		5	4	3	2	1
Communication Skills:	Verbal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility:		<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"/>
Interaction with Others:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what areas do you feel the applicant needs improvement or growth?

Providence Healthcare is a leading Toronto health care facility, specializing in rehabilitation for patients who have experienced strokes, orthopedic surgery, or lower limb amputation, or who require specialized geriatric rehabilitation, assessment and treatment. We also provide complex continuing care, long-term care and community outreach with a particular focus on addressing the medical, physical, spiritual and emotional needs of individuals with geriatric conditions.

Would you recommend this person as a volunteer? ☐ Yes ☐ No

Additional comments about the applicant will be appreciated:

Signature: _____ Date: _____

Please return this Reference Questionnaire to the applicant for submission, or mail or fax or **e-mail** to:

Volunteer Services
Providence Healthcare
3276 St. Clair Avenue E.
Toronto, ON M1L 1W1

E: vol.phc@unityhealth.to

Thank you for taking the time to complete this form.