



VOLUNTEER RESOURCES - _____

REFERENCE QUESTIONNAIRE

(This form is to be completed by two references)

Volunteer Name: _____ **Date:** _____

Please answer the questions regarding this prospective volunteer's personality, character and qualities for volunteering at _____. All information you share helps us find the right volunteer placement for this person. The volunteer listed will be supporting staff and/or providing a social support to the residents/patients and their loved ones at _____.

QUALITY	NOT KNOWN	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
1. Reliability, commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Trustworthy, honest/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to communicate and be understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interpersonal skills, working with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Conflict resolution skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Respectful/considerate of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Able to take direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Good common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Good boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall personality/character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ANSWER THE FOLLOWING	YES	NO	COMMENTS
Is the applicant a suitable candidate?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the applicant require supervision?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel the applicant's other commitments may interfere with his/her commitment to volunteering?	<input type="checkbox"/>	<input type="checkbox"/>	

Any further comments:

Reference Name: _____ **Relationship to the applicant:** _____

Phone or email: _____ Reference Signature: _____

* Please note an original signature is required unless this form is filled out online and sent from the references' personal email. The personal email will be considered a valid signature.

Please email completed form to:

volunteerintake1@viha.ca

Your reference is important and appreciated. Thank you.