



VOLUNTEER RESOURCES & ENGAGEMENT - \_\_\_\_\_

**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, mail or drop off completed form to:** Volunteer Resources & Engagement, Attention: RJH Intake

Email: \_\_\_\_\_,

Mail/drop: \_\_\_\_\_, \_\_\_\_\_, BC, \_\_\_\_\_

Your reference is important and appreciated. Thank you.