

Volunteer Reference Check Questionnaire

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*A reference cannot be related to the applicant and must be over the age of 18.

Volunteer Name: _____ Date: _____

Reference Name: _____

Relationship to Volunteer: _____ Years Known: _____

Personal Business Well-Known Moderately- Known Somewhat Known

Daytime phone number _____ E-mail address _____

The person named above is being considered for a volunteer placement at Peterborough Regional Health Centre and has selected you to provide a reference. Please the check boxes below to describe how you would generally characterize the applicant with respect to their acceptability to volunteer in a hospital.

Please check the following	POOR	FAIR	GOOD	EXCELLENT	UNABLE TO JUDGE
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<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"/>
Self-Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<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"/>
Compassion for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectfulness of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you think the applicant works better:

- Independently
- One-to-one
- As a team member
- In any combination of situations
- Unable to judge

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Are there any other comments you would like to make?

Do you have any reservations or concerns about the applicant's ability to:

- | | | |
|---|------------------------------|-----------------------------|
| • Maintain confidential information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Volunteer with children or vulnerable adults? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Handle money/merchandise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Work without direct supervision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are there any reasons you would hesitate to recommend the individual for a volunteer placement?

Yes No

Signature of Reference: _____ Date: _____

Thank you for completing this form. Please return the completed form to the applicant.
You may be contacted to verify the information.

If you prefer to provide a reference directly, contact volunteer Services at 705-876-5006.