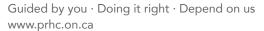
PETERBOROUGH REGIONAL HEALTH CENTRE

Volunteer Reference Check Questionnaire

*A reference cannot be related to p	orospective vo	lunteer and n	nust be over t	he age of 18.		
Volunteer Name:	Date:					
Reference Name:						
Relationship to Volunteer:	Years Known:					
☐ Personal ☐ Business ☐	Well Known	☐Mode	☐ Moderately Known ☐ Somewhat Known			
Daytime phone number	E-mail ad	_ 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						
Responsibility						
Trustworthiness						
Self-Direction						
Cooperation						
Interpersonal skills						
Compassion for others						
Respectfulness of others						
Adaptability						
Do you think the applicant wor Independently One-to-one As a team member In any combination of situations Unable to judge						







PETERBOROUGH REGIONAL HEALTH CENTRE

Volunteer Reference Check Questionnaire

Are there any other comments you would like to make?						
Do you have any reservations or concerns about the app	nlicant's ahili	ity to:				
• Maintain confidential information?	□ Yes	□ No				
· Volunteer with children or vulnerable adults?	☐Yes	□No				
· Handle money/merchandise?	☐Yes	□No				
· Work without direct supervision?	☐Yes	□No				
Are there any reasons you would hesitate to recommen	nd him/her fo	or a volunteer placement?				
•	☐ Yes	□ No				
Signature of Reference:	Date:					
Thank you for completing this form. Please return the co	ompleted for	to the applicant.				
If you prefer to provide a reference directly, contact volumes You may be contacted to verify this information.	nteer Services	s at 705-876-5006.				
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