



Confidential Volunteer Reference Request Form

VOLUNTEER INFORMATION

_____ has applied for a volunteer position as a Patient and Family Advisor at the Brant Community Healthcare System and has indicated that he/she has known you well for at least one year. Your evaluation of this person is very important and will be given serious consideration as part of our screening process to ensure the safety of our patients, staff and volunteers.

When you have completed this form, please place it in envelope, sign your name over the seal and return it to the applicant. Thank you for your time & comments.

REFERENCE INFORMATION

Relationship to applicant: (family members are not suitable references)

- Employer Co-worker Teacher Coach Spiritual Leader Friend
 Other (please specify) _____

How long have you known the applicant?

- 1-2 year's 3-5 year's 5-10 year's 10+ year's

How would you describe the applicant? What three words would you use if you were giving a thumbnail sketch?

How would you describe the applicant's ability to get along in a group situation:

What would you describe as any negative traits or areas of weakness?

ADDITIONAL INFORMATION

The volunteer activity the applicant is being considered for is a Patient/Family Advisor. What do you think the applicant would be good at and not so good at in performing in that capacity?

SKILLS & CHARACTER ATTRIBUTES

Please comment on how well the applicant exhibits the following characteristics of a good volunteer.

3 = Excellent

2 = Good

1 = Area for Improvement

Open-minded and positive attitude		Trustworthy	
Good communication skills		Good listener	
Able to maintain confidentiality		Team player	
Attendance/punctuality/dependability		Compassion towards others	

Would you recommend this person to volunteer with the Brant Community Healthcare System?

Yes

No

Why, please elaborate:

DECLARATION

I understand that any wilful misrepresentation made by me in connection with this reference will be sufficient cause for dismissal of the applicant from Volunteer Services

Name: _____ Phone #: _____

Signature: _____ Date: _____

If you have any questions or concerns please contact:
Patient Experience Leader

519-751-5544 Ext. 2395