

ADULT VOLUNTEER PROGRAM REFERENCE CHECK FORM

Prospective Volunteer Name: _____

A teacher, coach, clergy, physician or a friend may provide a reference.

REFERENCE	<p>North York General Hospital, Volunteer Services would appreciate your assistance in providing us with a reference on behalf of the above individual who has applied to volunteer their services at our Hospital. We thank you for your cooperation and time.</p> <p>Name of Reference: _____</p> <p>Signature: _____ Date: _____</p> <p>Organization: _____</p> <p>Phone Number: Business.: (____) _____ - _____</p>
QUALITIES / STRENGTHS	<p>How long have you known the applicant? _____</p> <p>1. In what capacity do you know the applicant? _____</p> <p>2. In your opinion, is the applicant:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Responsible <input type="checkbox"/> Organized <input type="checkbox"/> Trustworthy <input type="checkbox"/> Compassionate <input type="checkbox"/> Independent <input type="checkbox"/> Committed <input type="checkbox"/> Professional </p> <p>3. What strengths or qualities does this individual possess that would be of value in performing volunteer duties:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Reliability <input type="checkbox"/> Flexibility <input type="checkbox"/> Time Management </p> <p>4. Do you recommend the applicant for a volunteer position in a health care setting? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>5. At North York General Hospital, our evolving vision is a "Community of Success: Serving with Kindness." Do you think the applicant will dedicate themselves to be part of this vision? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
OTHER	<p>Other Comments:</p> <p>_____</p> <p>_____</p>