

Volunteer Services Reference Questionnaire

- Two references are required – Must not be a family member or a personal friend!
- Please bring Reference Questionnaire to your interview, if available

Applicant: First Name _____ Last Name _____

The person named above is applying for a volunteer position at Providence Healthcare and has given us your name as a reference. We would appreciate your assistance in responding to the following questions:

Your Name: _____

Position: _____

Phone #: _____ (You may be called for verification)

Fax #: _____

Email Address: _____

In what capacity do you know the applicant? _____

How long have you known the applicant?

- Less than 12 mths 1-3 years 4 - 6 years
 7 - 9 years 10 years and more

Please rate the following traits using the scale: 5 = excellent and 1 = poor.

		5	4	3	2	1
Communication Skills:	Verbal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Written:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Others:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what areas do you feel the applicant needs improvement or growth?

Providence Healthcare is a leading Toronto health care facility, specializing in rehabilitation for patients who have experienced strokes, orthopaedic surgery, or lower limb amputation, or who require specialized geriatric rehabilitation, assessment and treatment. We also provide complex continuing care, long-term care and community outreach with a particular focus on addressing the medical, physical, spiritual and emotional needs of individuals with geriatric conditions.

Would you recommend this person as a volunteer? Yes No

Additional comments about the applicant will be appreciated:

Signature: _____ Date: _____

Please return this Reference Questionnaire to the applicant for submission, or **after the applicant's interview**, mail, fax or email it to:

Volunteer Services
Providence Healthcare
3276 St. Clair Avenue E.
Toronto, ON M1L 1W1
E: vol@providence.on.ca
Fax: 416-285-3676

Thank you for taking the time to complete this form.