



**VOLUNTEER REFERENCE FORM**  
**All information provided is CONFIDENTIAL**  
 (See submission instructions on bottom of page 2)

A teacher, coach, clergy, neighbour, employer, camp counsellor, volunteer supervisor, or someone that knows you well should provide the reference. Family members or friends are not recommended references.

This individual is applying to do volunteer work at *Kingston General Hospital*. As a volunteer this individual may have contact with people who are vulnerable, recovering from illness or have special needs. Volunteer activities may include visiting, offering support and comfort, handling cash, and working in positions of trust and confidentiality. Volunteers are required to work cooperatively with employees, visitors and other volunteers.

**The Referee must return the completed form directly to Volunteer Services**

**Name of Volunteer** \_\_\_\_\_

**Name of Reference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**How well do you know the applicant?**     very well                       well                       casually

**How long have you known the applicant?**  < 6 months                       1 – 5 years     5+ years

**In what capacity do you know the applicant?** \_\_\_\_\_

<b>Please check the following:</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Unable to Judge</b>
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"/>

**See over for more questions...**

**Do you think the applicant works better:**

- independently  one-to-one  as a team member  in any combination of situations?  
 unable to judge

**What area(s) do you think the applicant needs to develop or strengthen?**

- judgement  initiative  commitment  interpersonal skills  confidence

Comments:

**Do you consider the applicant suitable to be a volunteer at KGH knowing that he/she may not receive direct supervision?**  YES  NO  MAYBE

**If you or a family member were a patient KGH would you want this person to visit you?**  YES  NO  MAYBE

**Are there any other comments you would like to make?**

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- ➔ by email to [volunteer@kgh.kari.net](mailto:volunteer@kgh.kari.net)
- ➔ OR by fax to 613-548-2475
- ➔ OR by mail to Volunteer Services ♦ Kingston General Hospital ♦ 76 Stuart St. ♦ Kingston ON K7L 2V7
- ➔ OR to the applicant in a sealed, signed envelope. Unsealed references will not be accepted.

If you prefer to provide a reference by phone contact KGH Volunteer Services at 613-548-2359

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_