

Reference Form

Section 1: Applicant's Information

Applicant's Name:

Date:

Section 2: Instructions for the Referee (must not be a family member)

The individual noted above has asked me to provide a reference in support of their application to volunteer at Kingston Health Sciences Centre. I understand that:

- i) as a volunteer, this individual will have contact with patients, families, visitors and staff;*
- ii) that volunteer activities can include patient and family support and comfort, reception and greeting, customer service, fundraising, and working in positions of trust and confidentiality; and*
- iii) this completed form must be submitted directly to Volunteer Services in confidence.*

- **Referee's name:**
- **Organization/company:**
- **Title:**
- **Daytime phone number:**
KHSC Volunteer Services department representative may contact you for verification
- **How long have you known the applicant** **in the following capacity**

Section 3: Competency/Work Ethic

A. Please evaluate the following skills as they relate to the applicant.

	Poor	Fair	Good	Excellent	Unable to judge
Communication/Interpersonal Skills					
Compassion for others					
Respect for others					
Customer Service Skills					
Reliability/Dependability					
Ability to receive and follow instructions					
Ability to work independently/take initiative					
Trustworthiness					
Cooperation					

