





#### Reference Form

Applicant's Name:

## **Section 1: Applicant's Information**

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

Date:

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					







### Reference Form page 2

B.	. Please respond in your own words to the following questions.								
	•	What would you say a	re the applicar	ant's best qualities, characteristics or strengths?					
	•	Knowing the potential issues or concerns?	volunteer role	es the applicant may be placed in, do you have any					
C.	Plea •	Do you consider the a		and provide a comment if necessary. able to be a volunteer at KHSC knowing he/she may not red No	ceive				
	•	If you or a family mem	nber were at pa Yes	patient at KHSC would you want this person to visit you? No					

# All information provided is CONFIDENTIAL. The Referee must return the completed form directly to Volunteer Services:

- By email: Save this document and send as an attachment to Volunteer@Kingstonhsc.ca
- **By Fax:** Print and send to 613-548-2475
- By Mail: Print and send to Volunteer Services Kingston Health Sciences Centre 76 Stuart St. Kingston, ON K7L 2V7
- OR return to the applicant in a sealed, signed envelope. Unsealed references will not be accepted.

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