



## VOLUNTEER RESOURCES DEPARTMENT REFERENCE FORM

*\*Must be completed for Application to be processed*

*\*Family members may not act as a Referee*

**VOLUNTEER APPLICANT:**

I, \_\_\_\_\_ authorize \_\_\_\_\_

(Print Applicants Name)

(Print Name of Referee)

to release to the Queensway Carleton Hospital Volunteer Resources Department the information requested below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Volunteer Applicant)

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**REFeree:** The individual named above has applied to do volunteer work at the Queensway Carleton Hospital. As a volunteer, this individual would have contact with patients whom are vulnerable, recovering from illness and have special needs as well as have access to confidential information.

Activities might include friendly visiting, assisting with menus, and offering support and comfort and/or clerical duties.

Volunteers are required to work cooperatively with other volunteers and staff and adhere to the Hospital's values and policies.

**PLEASE COMMENT ON THE FOLLOWING CONSIDERING THE ABOVE:**

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know this individual? \_\_\_\_\_

In your opinion, would this individual be a good candidate to pursue volunteer duties at the Queensway Carleton Hospital? Why? (please identify two to three strengths)

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*Note: Form is double-sided. Please continue on other side.*

Are there any concerns we should know about?

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Interpersonal skills: \_\_\_\_\_

Reliability: \_\_\_\_\_

Ability to work independently and as part of a team: \_\_\_\_\_

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Ability to learn and follow directions: \_\_\_\_\_

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**REFEREE'S NAME (PLEASE PRINT):** \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

***Thank you for your co-operation and assistance.***

***All information provided is confidential.***

*Please return completed form to the volunteer applicant. This reference is to be submitted with their completed application.*

*If, for whatever reason, you would prefer to submit this reference directly to the QCH Volunteer Resources Department, please send to:*

Volunteer Resources Department, Queensway Carleton Hospital,  
3045 Baseline Road, Nepean, Ontario K2H 8P4  
volunteer@qch.on.ca