



VOLUNTEER SERVICES REFERENCE CHECK

<p>(To be completed by person giving reference)</p> <p>Name: _____</p> <p>Title or relationship to applicant: _____</p> <p>Address: _____</p> <p>Daytime Phone Number: _____</p>	<p>(To be completed by applicant)</p> <p>Volunteer's Name: _____</p> <p>Position applying for: _____</p> <p>Site/Facility: _____</p>
<p>Volunteers add a dimension of community involvement to the Care Group and help to relieve clients from feeling isolated from the community. Volunteers can bring much information and insight to our objectives, helping us to meet the needs and expectations of the community we serve. The above mentioned applicant has applied to the Care Group to be a volunteer. We would appreciate your assessment of the applicant by answering the questions listed below. All information will be kept confidential. Thank You</p>	
<p>In what capacity do you know the applicant?</p>	
<p>Length of time you have known the applicant:</p>	
<p>What type of supervision will the applicant work best with? Minimal <input type="checkbox"/> Considerable <input type="checkbox"/></p> <p>Comments:</p>	
<p style="text-align: center;">List three of the applicant's best skills/qualities</p>	<p style="text-align: center;">Weaknesses or areas needing improvement/development</p>
<p>1.</p>	<p>1.</p>
<p>2.</p>	<p>2.</p>
<p>3.</p>	<p>3.</p>

Is there any information you would like to share about the applicant that would have an impact on their ability to deliver safe, reliable volunteer services to St. Joseph's Care Group and our clients?

Yes No If yes, please elaborate

Rate from 1 – 4 and comment where applicable (1) marginal (2) satisfactory (3) very good (4) excellent (N/A) not applicable						
	1	2	3	4	N/A	COMMENTS
Quality of work						
Ability to work with others						
Ability to work independently						
Ability to take directions						
Communication skills						
Organizational skills						
Willingness to learn new skills						
Flexibility re: varied tasks & duties						
Punctuality / Attendance						
Reliability						
Initiative						
Cooperation						
Leadership qualities						

Is there any reason this person should not participate in our organization? (Explain):

Signature of Reference

Date

Thank you for your time.

Please forward your completed form to the Volunteer Coordinator at the site indicated.

Loretta Turpin CVRM CAVR
Coordinator, Volunteer Services
Email: turpinl@tbh.net

Anna Grenier CVRM CAVR
Coordinator, Volunteer Services
Email: greniera@tbh.net

St. Joseph's Hospital
35 Algoma Street North
Thunder Bay, ON P7B 5G7
343-2428

Hogarth Riverview Manor
300 Lillie Street North
Thunder Bay, ON P7A 4J2
625-1117

Lakehead Psychiatric Hospital
580 Algoma Street North
Thunder Bay, ON P7B 5G4
343-4346

St. Joseph's Heritage
63 Carrie Street
Thunder Bay, ON P7C 4Y7
768-4448

Personal information contained on this form is collected for the purpose of maintaining current volunteer records. Questions about this collection should be directed to the Freedom of Information Coordinator, 580 Algoma St. N., Thunder Bay, Ontario, P7B 5G4, Phone: (807) 346-5238, E-mail: foi-sjcg@tbh.net