



Volunteer Services  
 St Mary's of the Lake Hospital Site  
 340 Union Street, PO Box 3600  
 Kingston, ON K7L 5A2  
 Phone: (613) 548-7222, ext 2292  
 Fax: (613) 544-5123  
 smolvolunteer@providencecare.ca

**CONFIDENTIAL REFERENCE REQUEST FORM**

**Dear Applicant:** Please forward this form to two separate reference providers for completion. References are accepted from: employers, charitable organizations, education and community sources. Relatives are not accepted as references. *All reference contacts must supply daytime contact numbers or e-mails.* References must be mailed or faxed.

**Dear Reference Provider:** Please mail or fax this form to Volunteer Services as soon as possible. There will be a follow-up phone call to you from Volunteer Services to confirm the content of this reference.

Applicant's Name: \_\_\_\_\_ Your relationship to the Applicant: \_\_\_\_\_

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

Please evaluate the applicant in the following areas by checking (✓) off the appropriate rating.

Characteristics	Excellent	Good	Fair	Poor	Unknown
Initiative					
Sensitivity to Diverse Cultures					
Reliability / Dependability					
Integrity					
Customer / Patient Focus					
Ability to Communicate					
Punctuality					
Problem Solving					
Teamwork					

What other experience and skills do you feel the applicant has that would be valuable in a volunteer position? \_\_\_\_\_

In what areas do you feel the applicant needs improvement? \_\_\_\_\_

Based on your relationship with the applicant, do you have any knowledge as to their reason for wanting to volunteer?

Yes  No If **yes**, please explain. \_\_\_\_\_

Would the applicant be a suitable volunteer in a healthcare setting?  Yes  No (if **yes**, refer to their qualities, if **no**, please explain)

Would you welcome the opportunity to work with this individual again?  Yes  No

**I understand that any misrepresentation made by me in connection with this applicant will be just and sufficient cause for the dismissal of the applicant from Volunteer Services at Providence Care, St Mary's of the Lake Hospital site.**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Position: \_\_\_\_\_

*(please print)*

Agency/Company/School: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

*Thank you for your time and comments*