



THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE

Date Rec'd:

Volunteer Applicant Reference #1

Consent – For the Volunteer Applicant to Complete

I authorize you, the Referee, to release the information requested below to TBRHSC's Volunteer Services department and I release them from any liability in regard to same.

Applicant Name : _____ Applicant Signature: _____ Date: _____

Instructions for the Referee (Must not be a family member)

The individual noted above has applied to volunteer at TBRHSC. As a volunteer, this individual may have contact with patients, visitors and staff. Volunteer activities may include patient support and comfort, administrative duties, reception and greeting, fundraising and working in positions of trust and confidentiality. Volunteers must be able to work cooperatively with others. Please answer the following questions.

Referee's Last Name:		Referee's First Name:	
Occupation:	Company/Organization:	Daytime Phone #:	
How long have you known the applicant?:	In what capacity? (Employer, teacher, friend, co-worker etc.):		

Competency/Work Ethic

Please rate the following list of Qualities/Skills using a check mark from 1-4. Comment where applicable.
Key: (1) excellent (2) very good (3) satisfactory (4) marginal (N/A) not applicable

Qualities/Skills	1	2	3	4	N/A	Comments
Ability to take and follow directions						
Ability to work independently						
Communication skills						
Compassion for others						
Customer service skills						
Flexibility						
Reliability/Dependability						
Teamwork/Collaboration						

Competency/Work Ethic

Competency/Work Ethic	Comments
What would you say are the candidates best qualities or characteristics, and/or strengths?	
In what areas do you feel the candidate needs improvement? Is the candidate aware of these issues?	
Is there any reason this person should not participate in our Volunteer Program? Would you Please Explain.	

Referee's Signature: _____ Date: _____

Thank you for your assistance! Please return your completed Reference Form by fax or mail to:
 Volunteer Services, TBRHSC 980 Oliver Road, Thunder Bay, ON P7B 6V4 Fax: (807) 684-5913



Date Rec'd:

Volunteer Applicant Reference #2

Consent – For the Volunteer Applicant to Complete

I authorize you, the Referee, to release the information requested below to TBRHSC's Volunteer Services department and I release them from any liability in regard to same.

Applicant Name : _____ Applicant Signature: _____ Date: _____

Instructions for the Referee (Must not be a family member)

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Referee's Last Name:		Referee's First Name:	
Occupation:	Company/Organization:	Daytime Phone #:	
How long have you known the applicant?:	In what capacity? (Employer, teacher, friend, co-worker etc.):		

Competency/Work Ethic

Please rate the following list of Qualities/Skills using a check mark from 1-4. Comment where applicable.
 Key: (1) excellent (2) very good (3) satisfactory (4) marginal (N/A) not applicable

Qualities/Skills	1	2	3	4	N/A	Comments
Ability to take and follow directions						
Ability to work independently						
Communication skills						
Compassion for others						
Customer service skills						
Flexibility						
Reliability/Dependability						
Teamwork/Collaboration						

Competency/Work Ethic **Comments**

What would you say are the candidates best qualities or characteristics, and/or strengths?	
In what areas do you feel the candidate needs improvement? Is the candidate aware of these issues?	
Is there any reason this person should not participate in our Volunteer Program? Would you Please Explain.	

Referee's Signature:	Date:
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