

Community Resources Reference Form

Markham Stouffville Hospital 381 Church Street Markham, ON L3P 7P3

A reference source is a person who has known the applicant for a minimum of six months and is not a relative.

This individual has applied to be a volunteer at Markham Stouffville Hospital. As a volunteer, this individual would have contact with patients who are vulnerable, recovering from illness and have special needs. Volunteer assist staff, patients and their families in a variety of ways. Activities might include visiting, offering support and comfort, working in positions of trust and confidentiality. Volunteers are required to work cooperatively with staff and volunteers.

Volunteer Applicant:	
	Name of Referee
Referee	Title/Position
	Referee's Address
	Referee's Phone # Email
	Signature of Referee
His	How long have you known the applicant?
History	In what capacity have you known the applicant?
Qualities / Strengths	In your opinion, is the applicant: Reliable Responsible Organized Respected Friendly Caring Other Comments:
	What strengths or qualities does this individual possess that would be of value in performing volunteer duties? Ability to follow instructions Takes initiative Shows sound judgement Other Comments:
	What area(s) do you feel the applicant needs to develop or strengthen?
	Do you recommend the applicant for a volunteer position? Yes No Please explain:
Other	Other Comments

Thank you for taking the time to complete this reference.

Markham Stouffville Hospital Community Resources Department may contact you at a later date for futher information.