



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: _____

| | | |
|------------------------------|--|-------|
| Referee | Name of Referee | |
| | Title/Position | |
| | Referee's Address | |
| | Referee's Phone # | Email |
| | Signature of Referee | |
| History | How long have you known the applicant? | |
| | In what capacity have you known the applicant? | |
| Qualities / Strengths | In your opinion, is the applicant: <input type="checkbox"/> Reliable <input type="checkbox"/> Responsible <input type="checkbox"/> Organized <input type="checkbox"/> Respected <input type="checkbox"/> Friendly <input type="checkbox"/> Caring Other Comments: _____ | |
| | What strengths or qualities does this individual possess that would be of value in performing volunteer duties? <input type="checkbox"/> Ability to follow instructions <input type="checkbox"/> Takes initiative <input type="checkbox"/> Shows sound judgement Other Comments: _____ | |
| | What area(s) do you feel the applicant needs to develop or strengthen? <input type="checkbox"/> Judgement <input type="checkbox"/> Initiative <input type="checkbox"/> Commitment <input type="checkbox"/> Interpersonal Skills <input type="checkbox"/> Confidentiality <input type="checkbox"/> Cooperation <input type="checkbox"/> Spoken English Other Comments: _____ | |
| | Do you recommend the applicant for a volunteer position? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____ | |
| | Other Comments | |
| 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 further information.