

Volunteer Reference Form

Volunteer Name:

Reference Information

Name:

Title:

Organization:

Telephone Number(s):

Work Relationship (circle one or X): ___ Manager/Supervisor ___ Teacher ___ Other (Please describe)

How long have you known the applicant? _____

Competency/Skills	Rating 1-5	Comments
Organizational Skills (time management, planning, project management)		
Ability to get along with others (cooperative, courteous, team work)		
Communication (verbal, written, responsiveness, appropriateness)		
Accountability (Were there any reliability/attendance issues?, commitment)		
Attitude and behaviour (caring, interested, empathetic)		
Adaptability (able to learn, follow directions, flexible)		

1.Poor, 2.Fair, 3.Good 4.Very Good, 5.Excellent/Exceeds standards

Thank you very much for taking the time to complete this reference. Your assistance is greatly appreciated.

If you have any questions/concerns please contact Emily Collins, Volunteer Resources Coordinator, 705-743-0881, ext. 290.

Completed form can be returned by Fax 7057436292 or email: emily.collins@fairhavenltc.com

The information I have provided is true and correct according to my personal knowledge.

Signature

Date