



Montfort Auxiliaries/Volunteers

VOLUNTEER REFERENCE FORM

I, (please print) _____

Authorize you to release the information requested below to the Montfort Hospital's Volunteer Services Department.

Signature _____ Date _____

(Volunteer Applicant)

The individual named above has applied to do volunteer work at the Montfort Hospital. As a volunteer, this individual would have contact with patients and families. Volunteers assist patients and their families in a variety of ways. Activities might include support and comfort to patients and families, retail work in shops or administrative support. Volunteers must be able to work cooperatively with other volunteers and staff.

PLEASE COMMENT ON THE FOLLOWING: (please print)

How long have you known the applicant? _____

In what capacity do you know this individual?

(Example: employer, employee, teacher, etc. Cannot be a member of the family) _____

Please evaluate the applicant's following qualities/abilities _____

	Excellent				Poor
Interpersonal skills	1	2	3	4	5
Reliability, punctuality	1	2	3	4	5
Dedication	1	2	3	4	5
Ability to work independently	1	2	3	4	5
Ability to learn and follow directions	1	2	3	4	5
Receptive to constructive criticism	1	2	3	4	5

In your opinion, what are the best qualities and abilities of this person?

Are there any concerns we should know about this person? _____

Referee's Name	Signature	
Position / Organization	Telephone	Date

Thank you for your cooperation and assistance. All information provided is confidential.

Please return this form to:

Auxiliaries/Volunteers Association
Montfort Hospital
713 Montreal Road, Room 2C212
Ottawa, Ontario K1K 0T2
or by fax : 613-907-8040