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| Reference Instructions | <p>Volunteer Resources would appreciate your assistance in providing us with a reference on behalf of the above individual, who has applied to volunteer their services. To be completed by an employer, supervisor, teacher or individual who has known the applicant in a professional capacity. <u>This reference may not be completed by a family member, friend, or friend of the family.</u> All information provided is CONFIDENTIAL.</p> | | | |
| | Name: | | Job Title: | |
| | Organization: | | Phone #: | |
| | E-mail (For reference contact purposes only): | | | |
| | Do you have an affiliation with Holland Bloorview? Yes No If yes, please specify: | | | |
| Volunteer | How long have you known this applicant? _____ In what capacity? employment ___ academic ___ community involvement ___ athletics ___ Other: | | | |
| | I know the applicant: very well well casually | | | |
| | Please rate the following, on a scale of 1-5: 5 being Excellent - 1 being Poor – NA for unable to comment | | | |
| | Commitment, reliability & punctuality | | Interactions with authorities | Interactions with clients/customers |
| | Initiative | | Attitude | Ability to communicate |
| | Interactions with children | | Compassion | Interactions with peers |
| | Adaptability | | Interactions with persons with disabilities | |
| | What is a strength this person can bring to volunteering: What is this person's area for improvement: | | | |
| Questions | The volunteer role at Holland Bloorview Kids Rehabilitation Hospital involves assisting with the delivery of clinical and educational programs for children and young adults with disabilities or complex long-term needs. How well do you believe this person would work in this capacity? | | | |
| | Would you consider hiring/rehiring this person? Yes No NA | | | |
| | Would you entrust the care of your own children and/or children you've been entrusted the care of to this applicant? Yes No | | | |
| | Other comments: | | | |

I understand that any willful misrepresentation made by me in connection with this reference will be sufficient cause for the dismissal of the applicant from Volunteer Resources.

Signature:

Date:

*Holland Bloorview could not realize its mission and vision without volunteers.
 Thank you for taking the time to provide this reference.*