



Volunteer Services Reference Form

Please ensure the person providing a reference is an employer, a teacher, coach, clergy, physician nurse practitioner, social worker and/or someone who knows you. Family members or friends may not provide a reference for applicants.

This individual has applied for the volunteer position at the Scarborough Health Network. As a volunteer, this individual will have contact with patients who are vulnerable, recovering from illnesses and have special needs. Volunteers assist staff, visitors, patients and their families in various ways. Activities might include visiting, offering support and comfort, working in positions of trust and confidentiality. Volunteers also are required to work co-operatively with SHN staff and volunteers.

Please return this reference form to the applicant once it has been completed.

Volunteer Applicant Name

Referee Information

Name of Referee

Reference Organization/Company Name

Title/Position

Phone Number

Email Address

Address

City

Province/State

Postal Code

Signature of Referee

Date

History

How long have you known the applicant?

What is your relationship with the applicant?

Please return to: Volunteer Services, Scarborough Health Network

Birchmount Hospital
1st Floor – Volunteer Office
3030 Birchmount Rd.
Scarborough, ON M1W 3W3
(416) 495-2400 Ext. 5360
TSH-VolunteerServices@shn.ca

General Hospital
Ground Floor – Volunteer Office
3050 Lawrence Ave E.
Scarborough, ON M1P 2V5
(416)
TSH-VolunteerServices@shn.ca

Centenary Hospital
Ground Floor – Volunteer Office
2867 Ellesmere Rd.
Scarborough, ON M1E 4B9
(416) 284-7316
TSH-VolunteerServices@shn.ca



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Qualities & Attributes

Please answer the following questions by underlining or highlighting or circling the answer:

- 1) In your opinion, is this applicant:
RELIABLE RESPONSIBLE ORGANIZED RESPECTED FRIENDLY CARING
- 2) 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 JUDGMENT
- 3) What area(s) do you feel the applicant needs to develop or strengthen?
INITIATIVE COMMITMENT INTERPERSONAL SKILLS CONFIDENCE TEAMWORK COMMUNICATION
- 4) Do you recommend the applicant for a volunteer position?
YES NO

Other

Other Comments:

Please return to: Volunteer Services, Scarborough Health Network

<p>Birchmount Hospital 1st Floor – Volunteer Office 3030 Birchmount Rd. Scarborough, ON M1W 3W3 (416) 495-2400 Ext. 5360 TSH-VolunteerServices@shn.ca</p>	<p>General Hospital Ground Floor – Volunteer Office 3050 Lawrence Ave E. Scarborough, ON M1P 2V5 (416) TSH-VolunteerServices@shn.ca</p>	<p>Centenary Hospital Ground Floor – Volunteer Office 2867 Ellesmere Rd. Scarborough, ON M1E 4B9 (416) 284-7316 TSH-VolunteerServices@shn.ca</p>
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