



## Volunteer Services VOLUNTEER REFERENCE FORM

The person named below is applying to volunteer at Woodstock Hospital and as such may be working in a position of trust and confidentiality. If you would prefer to provide a reference by phone, please contact the Coordinator of Volunteer Services directly at 519-421-4233 Ext 3650.

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Volunteer Applicant:

Person providing reference:

Phone:

Email:

1. How long have you known the applicant?

- Less than 1 year
- 1 – 3 years
- 3 – 5 years
- Over 5 years

2. In what capacity do you know the applicant?

3. What strengths or qualities does he/she possess that would be of value to a volunteer role at the hospital?

4. Is the applicant a team player or do they excel by working alone?

5. Is he/she able to work with minimal supervision?       Yes     No  
Comments:

6. Do you have any concerns about this applicant becoming a volunteer at WH?  Yes  No  
If yes, please explain:

7. Woodstock Hospital is committed to providing care and compassion. Can you provide an example of when the applicant demonstrated these core values?

8. Please evaluate the applicant in the following areas using the scale where **1 = Poor and 5 = Excellent:**

a. Reliability	1	2	3	4	5
b. Flexibility	1	2	3	4	5
c. Time Management	1	2	3	4	5
d. Communication Skills	1	2	3	4	5
e. Responsibility	1	2	3	4	5

9. Is there anything else you would like to tell us about the applicant that might help us make a suitable match?

I confirm that the details I have provided are correct to the best of my abilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form in a sealed envelope via:**

- ✓ E-mail to [volunteers@wgh.on.ca](mailto:volunteers@wgh.on.ca)
- ✓ Fax to 519-421-4253
- ✓ Mail to Volunteer Services – Woodstock Hospital, 310 Juliana Drive, Woodstock ON N4V 0A4