

# SheerHealth Medical Centre

## VOLUNTEER REFERENCE FORM

Applicant's Name:	Address:
Age:	Phone Number:
Gender:	Email:

Your Name:	Your Email:
Your Phone Number:	
How do you know the applicant?	
For how long?	

How well do you know the applicant (from very little to very well)?

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What types of situations does the applicant perform best in?

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Please state the candidate in the following areas

OUTSTANDING- understands this behaviour/skill and performs it well

CAPABLE- understands this behaviour/skill and performs it most of the time

DEVELOPING- Beginning to exhibit the behaviours

NOT DEMONSTRATING- does not exhibit the skill

Reliability	<input type="checkbox"/> Not Demonstrated	<input type="checkbox"/> Developing	<input type="checkbox"/> Capable	<input type="checkbox"/> Outstanding
Respect for others	<input type="checkbox"/> Not Demonstrated	<input type="checkbox"/> Developing	<input type="checkbox"/> Capable	<input type="checkbox"/> Outstanding
Flexibility/ openness to change	<input type="checkbox"/> Not Demonstrating	<input type="checkbox"/> Developing	<input type="checkbox"/> Capable	<input type="checkbox"/> Outstanding
Customer Service	<input type="checkbox"/> Not Demonstrating	<input type="checkbox"/> Developing	<input type="checkbox"/> Capable	<input type="checkbox"/> Outstanding

Have you seen the applicant interact with children and/or elderly adults? es o

If yes, how would you explain his/her ability to interact and treat others (impatient, engaging)?

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Are you aware of anything that would prevent the applicant from being an effective volunteer? If yes, please explain.

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What overall recommendation do you give this applicant (please check one)?

- My highest recommendation
- I recommend
- I recommend with reservations
- I cannot recommend this person

Check this box if you wish to be contacted by SheerHealth Medical Centre to share additional information regarding this applicant.

X

YOUR SIGNATURE

X

APPLICANT'S SIGNATURE

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

Once both pages are complete, applicant must fax this to the number below or bring it in person to the address below.

Fax: 519-474-7309

1476 Aldersbrook Rd, London, ON, N6G 0P5

