



CONFIDENTIAL – Reference form

References must have known the applicant for one year and cannot be family members.

Volunteer Reference Request

Applicant Name: _____ **Date:** _____

The above person has expressed an interest in volunteering at Ontario Shores Centre for Mental Health Sciences and has given your name as a reference. Your evaluation is very important and will be given serious consideration when we are screening applicants. All the information contained on the form will remain absolutely confidential, and will only be shared with the Volunteer Services staff and senior staff when and if required. We would appreciate you being extremely candid in your evaluation of this person.

1. How long have you known this person? In what capacity?

2. What are the applicant’s best qualities, characteristics and/or strengths?

3. In what areas do you feel the applicant needs improvement? Is the applicant aware of these issues?

4. Do you have any concerns with the applicant working with vulnerable adults? Yes No
 Not sure

Competency / Work Ethic	Rating (1 – 5)	Comments
Commitment		
Dependability/Punctuality		
Communication skills		
Leadership qualities		
Positive personality		
Organizational skills		
Ability to cope in high stress situations		
Teamwork		

1 – Very limited proof of skills/behaviour 2 – Limited evidence of skills/behaviour
 3 – Acceptable proof of skills/behaviour 4 – Good evidence of skills/behaviour 5 – Superior proof of skills/behaviour

Reference Information

Name: _____ **Occupation:** _____
Daytime Telephone #: _____ **E-mail:** _____
Signature: _____ **Date:** _____

Thank you for your assistance. Please place the completed form in a sealed envelope and return it to the applicant or directly to the address below.

For more information about Ontario Shores Centre for Mental Health Sciences please visit ontarioshores.ca.

Volunteer Services
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