Lennox & Addington County General Hospital

8 Richmond Park Drive, Napanee, ON K7R 2Z4
Tel: 613-354-3301 | **Fax:** 613-354-1847
lacgh.napanee.on.ca

VOLUNTEER REFERENCE FORM

All volunteer applicants are required to provide **two** references. Please ensure that both references are completed in full and submitted along with your application.

References should be provided by individuals who know you well, such as a teacher, coach, clergy member, neighbour, employer, camp counsellor, or volunteer supervisor. Please note that relatives will not be accepted as references

Reference Information

This individual is applying to volunteer at the ***Lennox and Addington County General Hospital***. As a volunteer this individual may have contact with people who are vulnerable, recovering from illness or have special needs. Volunteer activities may include visiting, offering support and comfort, handling cash, and working in positions of trust and confidentiality. Volunteers are required to work cooperatively with employees, visitors and other volunteers.

Name of Volunteer: _____

Name of Reference: _____ Phone: _____

Organization: _____ Title: _____

How well do you know the applicant? ☐ very well ☐ well ☐ casually

How long have you known the applicant? ☐ <6 months ☐ 1-5 years ☐ 5+ years

In what capacity do you know the applicant? _____

Please check the following:

	Poor	Fair	Good	Excellent
Reliability	☐	☐	☐	☐
Responsibility	☐	☐	☐	☐
Trustworthiness	☐	☐	☐	☐
Self-direction	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐
Interpersonal skills	☐	☐	☐	☐
Compassion for others	☐	☐	☐	☐
Respectfulness of others	☐	☐	☐	☐
Adaptability	☐	☐	☐	☐

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Do you think the applicant works better:

- ☐ Independently
- ☐ As a team member
- ☐ One-to-one
- ☐ In any combination of situations

What area(s) do you think the applicant needs to develop in or strengthen?

- ☐ Judgement
- ☐ Interpersonal skills
- ☐ Initiative
- ☐ Confidence
- ☐ Commitment

Comments: _____

_____

Do you consider the applicant suitable to be a volunteer at the Lennox and Addington County General Hospital knowing that he/she may not receive direct supervision?

- ☐ **Yes**
- ☐ **No**

Comments: _____

_____

If you or a family member were a patient/resident at the Lennox and Addington County General Hospital, would you want this person to visit you?

- ☐ **Yes**
- ☐ **No**

Additional Comments:

_____

_____

*****ALL INFORMATION PROVIDED IS CONFIDENTIAL*****

Please return completed forms to the Membership Convenor & Coordinator of Volunteer Services in a sealed, signed envelope OR email to susan.jack@lacgh.napanee.on.ca

If you prefer to contact the ***Lennox and Addington County General Hospital Volunteer Services*** directly, please call **Sue Martin** at (613) 354-3301 Ext 4297. Thank *you!*

Signature of Reference: _____
Date: _____