



**Regional Volunteer Resources  
Department**

**Confidential Reference Form  
(Volunteers 14 – 17 years of age)**

**Name of Applicant:** \_\_\_\_\_

Your name has been provided as reference for a volunteer with Western Health. Please complete this form so that we will be able to determine the applicant's suitability for our program. All information is strictly confidential. When completing this form, please keep in mind that this volunteer will be assisting us with our patients/residents/clients. Thank you for your time and cooperation.

How long and in what capacity have you known the applicant?

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How would you rate the following attributes of the applicant? (1 – lowest, 5 – highest)

Leadership Skills \_\_\_\_\_ Acceptance of Responsibility \_\_\_\_\_

Punctuality \_\_\_\_\_ Ability to work with others \_\_\_\_\_

Ability to follow instructions \_\_\_\_\_ Ability to work independently \_\_\_\_\_

This volunteer may be working with various clients (i.e. Alzheimer's, Rehabilitation, Mental Health, Seniors, Children). How do you think he/she will handle himself/herself?

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Is there anything that you feel that we should be aware of before accepting this applicant as a volunteer?

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Additional Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Area