



Thunder Bay District  
**Health Unit**

## **VOLUNTEER SERVICES REFERENCE FORM**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person Giving Reference:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

- How long have you known the applicant?
- Do you consider the applicant to be reliable, punctual?
- Does the applicant demonstrate initiative, and if so how?
- What type of supervision will the applicant work best within?  
Minimal  Considerable
- The Thunder Bay District Health Unit requires a minimum six month - one year commitment of our volunteers. Do you consider the applicant to be an individual who will honour this commitment?
- Does the applicant follow tasks through to completion?

**Please complete 2<sup>nd</sup> page of reference form** \_\_\_\_\_→

- Would this applicant work best:
 

a.	in a one to one situation,	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b.	in a team,	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c.	by themselves	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
  
- Please comment on the applicants' special skills and/or qualities?
  
- Please describe this person's ability to relate to seniors and children.
  
- Please comment on the applicants' interpersonal skills. (How well do they work with others?)
  
- Is there any reason why you would not recommend the applicant as a volunteer at the Thunder Bay District Health Unit?
  
- Other Comments:

**Please return this completed reference form in a sealed envelope, or by confidential fax to:**

Aimee Linkewich  
 Education Officer  
 Thunder Bay District Health Unit  
 999 Balmoral Street  
 Thunder Bay ON P7B 6E7  
 Phone: (807)625-8327  
 Fax: (807) 625-4827

***Thank you for your assistance.***