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 2nd page of reference form__________________________
• Would this applicant work best:
  a. in a one to one situation, Yes □ No □
  b. in a team, Yes □ No □
  c. by themselves Yes □ No □

• 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:

Alyson Jennings
Human Resources Officer
Thunder Bay District Health Unit
999 Balmoral Street
Thunder Bay ON P7B 6E7
Phone: (807)625-8385
Fax: (807) 625-4827

Thank you for your assistance.