

**Volunteer Resources
Confidential Reference Request Form**



Applicant, please forward this form to **two** separate referees for completion. Referees can mail, fax to the appropriate site or provide them to the applicant in a sealed envelope. Two references are required using any of the following: employer, charitable organization, academic, and community representative.

Mississauga Site
Trillium Health Centre
100 Queensway West
Mississauga, ON L5B 1B8
Tel: (905) 848 7276 fax: (905) 804 7731

West Toronto
Trillium Health Centre
150 Sherway Drive
Toronto, ON M9C 1A5
Tel: (416)521 4077 fax: (416)521 4160

As a part of Trillium's Volunteer protocols around screening we would appreciate a few moments of your time to complete this form. Please return form to Volunteer Resources within 2 weeks of receipt. There will be a follow-up telephone call to you from Volunteer Resources to confirm documentation.

1. Applicants Name _____ Relationship to the applicant _____
How long have you known the applicant? ____ years ____ months

2. Check each item at the point of scale which best indicates your rating of the applicant.

CHECK APPROPRIATE RATING	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	UNKNOWN
INITIATIVE						
MATURITY						
RELIABILITY/DEPENDABILITY						
INTEGRITY						
CUSTOMER/PATIENT FOCUS						
ABILITY TO COMMUNICATE						
ADAPTABILITY TO CHANGE						
PROBLEM SOLVING						
TEAMWORK						
DEGREE OF SUPERVISION REQUIRED						
OVERALL RATING						

3. From your knowledge of this individual, do you have insight into their reason for applying to this program?

4. Would the applicant make a good volunteer in a healthcare setting? Yes No
If yes, refer to their qualities. If no, please explain.

5. a) What experience and skills do you feel the applicant has that would be valuable in performing in a volunteer position (strengths and areas for development or improvement):

- b) Trillium is considered a learning organization, what support may we provide the applicant to support their role in team settings, communication and leadership?

6. Would you welcome the opportunity to work with this individual again? Yes No

Name: _____ email: _____ Position: _____
(please print)

Agency: _____ Tel. No: _____

Signature: _____ Date: _____

THANK YOU FOR YOUR TIME AND COMMENTS