



VOLUNTEER REFERENCE FORM

The individual named below has applied to do volunteer work at Grand River Hospital. As a volunteer, this individual would have contact with patients and families. Volunteers assist patients and their families in a variety of ways. Activities might include support and comfort to patients and families, retail work in shops or administrative support. Volunteers must be able to work cooperatively with other volunteers and staff.

Volunteer Name:	
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I, (please print)
 Authorize you to release the information requested to the Grand River Hospital Foundation for the purposes of managing the Volunteer Application.
 Signature _____ Date _____ (Volunteer Applicant)

How do you know the Applicant?	i.e. Teacher, Coach, Employer etc?
How long have you known the Applicant?	
What Special skills or qualities might the applicant have that would lead them to be a good Volunteer?	

	Excellent	2	3	4	Poor
Please comment on the Applicant	1	2	3	4	5
Reliability & Commitment					
Ability to learn and follow direction					
Ability to work independently					
Ability to work well with others					
Ability to adapt in a changing environment					

Do you have any comments or concerns regarding the Applicant as a Volunteer at Grand River Hospital?	
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Referee Name (please print)	Signature	Position/Organization
Email Address	Phone	Date

Thank you for your support. All information provided is confidential. All References are returned to Grand River Hospital Foundation and the Volunteer Team.