



## Volunteer Services VOLUNTEER REFERENCE FORM

The person named below is applying to volunteer at Woodstock Hospital and as such may be working in a position of trust and confidentiality. If you would prefer to provide a reference by phone, please contact the Coordinator of Volunteer Services directly at 519-421-4233 Ext 3650.

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Volunteer Applicant:

Position of interest:

Name of Reference:

Organization:

Phone:

Email:

1. How long have you known the applicant?

- Less than 1 year
- 1 – 3 years
- 3 – 5 years
- Over 5 years

2. In what capacity do you know the applicant?

3. What strengths or qualities does he/she possess that would be of value to a volunteer role at the hospital?

4. Has he/she ever had difficulty getting along with co-workers, peers, etc?  Yes  No  
If yes, please give details.

5. Is he/she able to work with minimal supervision?  Yes  No  
Comments:

6. Do you have any concerns about this applicant becoming a volunteer at WH?  Yes  No  
If yes, please explain:

7. Woodstock Hospital is committed to providing care and compassion. Can you provide an example of when the applicant demonstrated these core values?

8. Is there anything else you would like to add about this applicant?

Signature	Date
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**Please return the completed form in one of the following ways:**

- ✓ By e-mail to [volunteers@wgh.on.ca](mailto:volunteers@wgh.on.ca)
- ✓ By fax to 519-421-4253
- ✓ By mail to Volunteer Services – Woodstock Hospital, 310 Juliana Drive, Woodstock ON N4V 0A4
- ✓ Or to the applicant in a sealed, signed envelope. *Unsealed references will not be accepted.*

Revised 2019-02-05