

VOLUNTEER REFERENCE FORM
YUKON HOSPITAL CORPORATION
VOLUNTEER SERVICES

<p>Thank you for taking the time to complete this Reference Form. Please note that references must have known the applicant for a minimum of six months and cannot be family members or friends. References may be contacted for additional information.</p>						
Name of Volunteer Applicant:						
REFERENCE INFORMATION						
Last Name			First Name			
Telephone			Email			
What is your relationship to the applicant? (e.g. employer, teacher)						
How long have you known the applicant?						
PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS		POOR	FAIR	GOOD	EXCELLENT	NOT SURE
Reliability and Commitment						
Responsibility/Accountability						
Interpersonal Skills						
Communication Skills						
Teamwork and Cooperation						
Compassion for others						
Respectfulness of others						
Adaptability						
Would you recommend this applicant to volunteer with Yukon Hospitals, knowing that they will be working with vulnerable people?		YES		NO	MAYBE	
Other Comments:						
Reference Signature:				Date:		
<p>PLEASE COMPLETE THIS FORM AND RETURN TO THE APPLICANT. REFERENCES MUST BE SUBMITTED TOGETHER WITH THE APPLICATION FORM.</p>						