Holland Bloorview

Kids Rehabilitation Hospital

Volunteer Reference Form For:

| structions | Volunteer Resources would appreciate your assistance in providing us with a reference on behalf of the above individual, who has applied to volunteer their services. If there is any additional information that you would like to share, please contact us at 416-422-7033 or volunteers@hollandbloorview.ca | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|-----------|-------------------------------------|-------|--|
| | To be completed by an employer, supervisor, teacher or individual who has known the applicant in a professional capacity. This reference may not be completed by a family | | | | | | |
| Ins | member, friend, or friend of the family in a personal (non-work) capacity. | | | | | | |
| Reference Instructions | | | | ob Title: | | | |
| | 5 | | | | ne #: | | |
| | E-mail (For reference contact purposes only): | | | | | | |
| | Do you have an affiliation with Holland Bloorview? Yes No If yes, please specify: | | | | | | |
| Volunteer | How long have you known this applicant? In what capacity? employment academic community involvement athletics Other (please specify): | | | | | | |
| | I know the applicant: very well well casually | | | | | | |
| | Please rate the following, on a scale of 1-5: 5 being Excellent - 1 being Poor – NA for unable to comment | | | | | | |
| | Commitment, reliability & punctuality | | Interactions with authorities | | Interactions with clients/customers | | |
| | Initiative | | Attitude | | Ability to communicate | | |
| | Interactions with children | | Compassion | | Interactions with peers | | |
| | Adaptability | | Interactions with pers | | | | |
| | What is a strength this person can bring to volunteering: | | | | | | |
| | What is this person's area for improvement: | | | | | | |
| Questions | The volunteer role at Holland Bloorview Kids Rehabilitation Hospital involves assisting with the delivery of clinical and educational programs for children and young adults with disabilities or complex long-term needs. How well do you believe this person would work in this capacity? | | | | | | |
| | Would you consider hiring/rehiring this person? Yes No NA | | | | | | |
| | Would you consider himing/remining this person: Tes No No NA Would you entrust the care of your own children and/or children you've been entrusted the | | | | | | |
| | care of to this applicant? Yes No | | | | | | |
| | Other comments: | | | | | | |
| | | | | | | | |
| <i>I understand that any willful misrepresentation made by me in connection with this reference will be sufficient cause for the dismissal of the applicant from Volunteer Resources.</i> | | | | | | | |
| Signature: Date: | | | | | | 1003. | |
| Holland Bloorview could not realize its mission and vision without volunteers. | | | | | | | |

Thank you for taking the time to provide this reference.