

## VOLUNTEER ENGAGEMENT DEPARTMENT Reference Questionnaire

Your name has been submitted as a reference for a potential volunteer at the North Bay Regional Health Centre. Any comments you may care to add will be greatly appreciated and held in strictest confidence. Would you kindly complete the following questionnaire and return it to us at your earliest convenience. Thank you!

Name of Reference: \_\_\_\_\_

Reference Telephone Number: \_\_\_\_\_ Reference Email Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Relationship with Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Does the applicant have a positive and professional demeanor? \_\_\_\_\_

Do you consider the applicant to be reliable and punctual? \_\_\_\_\_

Does the applicant demonstrate responsibility and accountability? \_\_\_\_\_

Does the applicant follow tasks through to completion? \_\_\_\_\_

What type of supervision would the applicant work best within:      minimal supervision \_\_\_\_\_      considerable supervision \_\_\_\_\_

The applicant would work best:      alone \_\_\_\_\_      in a group \_\_\_\_\_

Please comment on the applicant's skills, abilities and qualities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you recommend this applicant to the North Bay Regional Health Centre?      Yes \_\_\_\_\_      No \_\_\_\_\_

Other Comments:

Reference Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**RETURN REFERENCE TO**

**Email:** [volengdept@nbrhc.on.ca](mailto:volengdept@nbrhc.on.ca)      **Mail:** Volunteer Engagement Department  
 North Bay Regional Health Centre  
**Phone:** (705) 474-8600 ext. 3131      50 College Drive, North Bay, Ontario, P1B 0A4