

## **VOLUNTEER REFERENCE FORM**

**VOLUNTEER NAME** 

The person mentioned above has submitted an application to be a volunteer with THRIVE Child Development Centre.

As a volunteer, this individual would have contact with clients who are vulnerable and have special needs. Volunteers assist staff, clients and their families in a variety of ways. Activities might include visiting, offering support and comfort, working in positions of trust and confidentiality. Volunteers are also required to work co-operatively with staff and other volunteers.

## **REFEREE INFORMATION**

REFEREE NAME					ORGA	ORGANIZATION		
PHONE NUMBER					POSITI	POSITION TITLE		
EMAIL ADDRESS								
How long have you known the above-named individual?								
In what capacity do you know this individual?								
In your opinion, is the applicant: (please check all that apply)								
Reliable	Responsible	Organized	Respected	Friendly		Caring		
Other comments:								
Which of the following strengths or qualities does this individual possess that would be of value in performing volunteer duties: (please check all that apply)								
Ability to follow instructions		Takes initiative		Shows sound judgement				
Other comments:								



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What area(s) do you feel the applicant needs to develop or strengthen? (please check all that apply)								
Judgement	Confidentiality	Initiative	Commitment	Interpe	nterpersonal		Co-operation	
Other comments:								
Do you recommend the applicant for a volunteer position?								
Please explo	ain:							
Other comm	nents:							

REFEREE SIGNATURE	DATE

## THIS IS A CONFIDENTIAL REPORT

THRIVE Child Development Centre is an equal opportunity organization and provides accommodations for applicants with disabilities upon request. THRIVE's requirement that employees and volunteers be fully vaccinated is subject to any accommodation obligations it may have under the Human Rights Code.