



Volunteer Resources  
 Bridgepoint Hospital  
 14 St. Matthews Road  
 Toronto, ON M4M 2B5  
 ☎ (416) 461-8252, ext. 2076  
 Fax: (416) 461-5696

### CONFIDENTIAL REFERENCE REQUEST FORM

**Dear Applicant:** Please forward this form to two separate reference providers for completion. References are accepted from: employers, charitable organizations, educational and community sources. (*Family, Friends, Doctors and Lawyers are NOT eligible.*) All reference contacts must supply daytime contact numbers or e-mails. References must be mailed or faxed.

**Dear Reference provider:** Please mail or fax (416-461-5696) this form to Volunteer Resources within 2 weeks of receipt. There will be a follow-up telephone call to you from Volunteer Resources to confirm the content of this reference.

- Applicant's Name: \_\_\_\_\_ Your relationship to the Applicant: \_\_\_\_\_
- How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months
- Please evaluate the applicant in the following areas by checking (✓) off the appropriate rating.

CHARACTERISITCS	EXCELLENT	GOOD	FAIR	POOR	UNKNOWN
Initiative					
Sensitivity to diverse cultures					
Reliability/Dependability					
Integrity					
Customer/Patient Focus					
Ability to Communicate					
Punctuality/Absenteeism					
Problem Solving					
Teamwork					
Degree of Supervision Required					

- What other experience and skills do you feel the applicant has that would be valuable in a volunteer position?  
\_\_\_\_\_
- In what areas do you feel the applicant needs improvement?  
\_\_\_\_\_
- Based on your relationship with the applicant, do you have any knowledge as to their reason for wanting to volunteer?  
\_\_\_\_\_
- Would the applicant be a suitable volunteer in a healthcare setting?  Yes  No  
If **yes**, refer to their qualities. If **no**, please explain.  
\_\_\_\_\_
- Bridgepoint is considered a learning organization. What support may we provide the applicant to support their role in team settings, communication and leadership?  
\_\_\_\_\_
- Would you welcome the opportunity to work with this individual again?  Yes  No

**I understand that any misrepresentation made by me in connection with this applicant will be just and sufficient cause for the dismissal of the applicant from Volunteer Resources at Bridgepoint Health.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Position: \_\_\_\_\_  
(please print)  
 Agency/Company/School: \_\_\_\_\_ Tel: #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR YOUR TIME AND COMMENTS**