



**Volunteer Resources/Volunteer Reference Form**  
285 Cummer Avenue, Toronto, ON, Phone (416) 226 - 6780

Prospective Volunteer: \_\_\_\_\_

**The individual providing you with this form is applying to participate as a volunteer at St. John's Rehab Hospital and is requesting that you be a reference.** People who can provide a reference include; employers, charitable organizations, academic instructors/teacher, and community representatives (family and friends may not provide a reference).

*St. John's Rehab is the only hospital in Ontario solely dedicated to specialized rehabilitation. With a unique focus on the whole person – body, mind and spirit, we work to rebuild the lives of people recovering from life-changing illness or injury.*

*Our highly skilled and committed staff provide specialized treatment, education and outreach support for adults recovering from:*

- *amputations;*
- *burns;*
- *organ transplants;*
- *cancer;*
- *traumatic injuries;*
- *complex medical procedures/conditions;*
- *cardiovascular surgery;*
- *strokes and neurological conditions; and*
- *complex orthopaedic conditions.*

As a volunteer this individual may; have contact with patients recovering for injury or illness, provide clerical duties, be trusted with hospital equipment, be responsible for managing cash floats, and provide customer service. As a volunteer, this person will also be required to work cooperatively with staff, physicians, and other volunteers and represent the hospital in a professional and courteous manner.

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Take a Few Moments to Carefully Answer the Questions on Page 2.**

1. Please evaluate the applicant on the chart below. One representing below expectation and 5 representing exceeds expectations.

Skills	One	Two	Three	Four	Five	Unknown
Customer Service Skills						
Reliability						
Communications Skills						
Ability to Take Directions						
Initiative						
Time Management						
Flexibility						

2. How long have you known the applicant, and in what capacity?

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3. What would you consider to be the applicants strengths, and how have they been demonstrated?

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4. Would you recommend that this applicant is suitable for a volunteer role at this facility?

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5. Additional Comments.

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