

VOLUNTEER REFERENCE FORM

PLEASE PRINT CLEARLY

FIRST NAME

FAMILY NAME

Name of volunteer applicant: _____

The individual named above has applied to become a volunteer with The Royal. As a volunteer, this individual would have contact with clients who are being treated for a mental illness, their family members and visitors. Volunteers assist our clients and their families in a variety of ways, providing support to our staff and clients, retail help in our shops or administrative support. Volunteers must be able to work cooperatively with other volunteers and staff, and also be comfortable working with our clients. Thank you for your cooperation and assistance. All information provided is confidential.

Please answer the following.

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

What special qualities and abilities do you feel this applicant has that would be valuable in performing a volunteer service at The Royal?

On a scale ranging from 1 (poor) to 5 (excellent) please assign a number to each of the following, based on how you would rate the applicant:

Interpersonal skills: _____ Ability to work independently: _____

Reliability and punctuality: _____ Ability to learn and follow directions: _____

Are there any concerns we should be aware of?

Your Name: _____ Signature: _____

Your email address: _____ Telephone (day): _____

Today's date: _____

Thank you for taking the time to complete this form. References are an important part of our volunteer screening and selection process. Please return the completed form directly to the applicant.