



HÔTEL-DIEU GRACE
ESTD HEALTHCARE 1888

VOLUNTEER REFERENCE FORM

References can not be provided from family members.

VOLUNTEER NAME: _____ DATE: _____

REFEREES NAME: _____ PHONE: _____

The above mentioned individual has applied to be a volunteer at Hôtel-Dieu Grace Healthcare and has given your name as a reference.

Kindly complete the following questions and return this form to the applicant to submit with their application, or mail or fax it to the address below. The information you provide will help us place this individual in a suitable volunteer position. All information will be held in confidence.

1. What is your relationship to the applicant (e.g. employer, co-worker, doctor, pastor etc.)?
2. How long have you known this person?
3. Do you feel that the applicant is reliable enough to volunteer on a regular basis?
4. Does the applicant follow tasks through to completion?
5. What special qualities and/or strengths do you feel the applicant has which would make him/her a good candidate for volunteering at the Hospital?
6. What areas do you feel the applicant needs to improve upon (e.g. punctuality, reliability, self-confidence, etc.)?
7. Would you recommend this person as a volunteer? Yes No

SIGNATURE: _____ DATE: _____

Thank you for completing this form. Please forward the completed form to:

**Hôtel-Dieu Grace Healthcare,
Tayfour Campus
Volunteer Services
1453 Prince Road.
Windsor, ON N9C 3Z4
volunteerservices@hdgh.org
Fax : 519-257-5119**