



## WRHA Reference Check Form

\* Required

1. Name of Potential Volunteer (Applicants Name): \*

2. Volunteer Role (as indicated in email): \*

3. Name of Reference (Your Name): \*

4. Email (Your Email): \*

5. In what capacity do you know the applicant? \*

6. How well do you know the applicant? \*

- Very Well
- Well
- Casually

7. How long have you known the applicant? \*

- 6 months or less
- 1 to 5 years
- 5+ years

8. How would you rate their general work habits and characteristics? \*

	Excellent	Good	Fair	Poor	Unable to Judge
Reliability/Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trustworthiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compassion for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respectfulness of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please comment on the applicants interpersonal skills and how they relate to other people (co-workers, employers, visitors, customers, children, seniors, etc.?) \*

10. Do you think the applicant works better: \*

- Independently
- One to One
- As a team member
- In any combination of situations
- Unable to judge

11. If you or a family member were a client of the WRHA would you want this person to assist you? \*

- Yes
- No
- Maybe

12. Do you consider the applicant suitable to be a volunteer for the WRHA knowing that they may not receive direct supervision? \*

- Yes
- No
- Maybe

13. If No or Maybe, please explain: \*

14. Based on the volunteer description (provided in the email), how do you think the applicant will perform in the role? \*

15. Is there anything else that you would like to add about this volunteer? For example, strengths or any limitations that may affect their volunteer work in any way? Supports needed for a successful placement? \*

16. Do you have any hesitations in recommending this volunteer? \*

- Yes
- No

17. If yes, why? \*

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