

DR. PETER CENTRE
REFERENCE FORM

General Reference to Accompany Volunteer Application
Do Not Use Family or Friends for this Reference

This information is confidential

Send Completed Form To: **Coordinator of Volunteers**
 Dr. Peter Centre
 1110 - Comox Street
 Vancouver, B.C. V6E 1K5

Applicant's Name: _____

Referee's Name: _____

Referee's Address: _____

Postal Code: _____ Telephone: _____

In what capacity do you know this person? _____

For how long? Years _____ Months _____

This information will be held in confidence. The Dr. Peter Centre sees the need to screen volunteers in order to ensure the protection of our participants and residents. Therefore, we request that you respond to these questions as fully and frankly as possible.

I know the applicant : ___ A Little ___ Quite Well
 ___ Fairly Well ___ Exceptionally Well

From your perspective, does the applicant follow through on his/her obligations / commitments? Please comment.

Over

Confidentiality is vital in our work here at the Dr. Peter Centre. What is your sense of the applicant's ability to keep confidentiality?

How would you describe the applicant? What are some of their strengths? Is there any area in which the applicant would need extra support?

To the best of your knowledge, how does the applicant respond to people of different culture or background from their own?

Would you have any concerns or reservations about the applicant volunteering at the Dr. Peter Centre? Would you recommend the applicant as a volunteer?

Do you have any other information pertinent to the applicant's request to be a volunteer at the Dr. Peter Centre?

Date: _____ Referee's Signature: _____

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Over

For each of the following statements, please note, to the best of your knowledge, the applicant's ability by circling one of the numbers that corresponds to the appropriate category.

CODE:

	<i>Not Known</i>	<i>Minimal</i>	<i>Below Average</i>	<i>Adequate</i>	<i>Above Average</i>	<i>Superior</i>
	0	1	2	3	4	5
1. She/He is sensitive to people and their problems.	0	1	2	3	4	5
2. She/He understands the meaning and depth of other's emotions.	0	1	2	3	4	5
3. She/He communicates well in relationships.	0	1	2	3	4	5
4. She/He respects the diversity of others.	0	1	2	3	4	5
5. She/He has good common sense.	0	1	2	3	4	5
6. She/He gets along well in unstructured situations. .	0	1	2	3	4	5
7. She/He acknowledges other people's uniqueness and potential growth.	0	1	2	3	4	5
8. She/He is emotionally stable when faced with pressures.	0	1	2	3	4	5
9. She/He follows through on commitments.	0	1	2	3	4	5

Would you have any concerns or reservations about the applicant volunteering at the Dr. Peter Centre? Would you recommend the applicant as a volunteer?

Date: _____ Referee's Signature: _____