Print Form

Seaway Valley
Community Health Centre
Working with you for a Healthier Community

Volunteer Reference Check

The following person has given your name as a reference: _____

S/he has applied to volunteer in this area: _____

Name of reference: _____ Relationship: _____

Phone (H): _____ (W): _____

Address: _____ E-mail: _____

Date reference was contacted: _____ Time: _____

Reference contacted by staff person: Corrie D'Alessio

_____ ? _____

2. In what capacity have you known this person?

_____

3. Do you feel this person will do well in this position? (Specify why?)

_____

4. Would you have any reservations in recommending this person as a volunteer with our organization?

_____

5. Is this person more people oriented or technically oriented?

_____

6. Is this person punctual?

_____

7. Additional Comments:

_____

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