

Name (First/Last Name): _____

Baycrest would appreciate your assistance in providing us with a written reference for the above individual.

We thank you for your cooperation and time.

Name of Reference: _____

Company/School/Employer: _____

Address: _____ City: _____ Postal Code: _____

Telephone(Day): _____ Evening: _____ Email Address: _____

1. How long have you know the applicant?

2. What is your affiliation with the applicant?

3. What do you consider to be the applicant's character strengths and how have they been demonstrated?

4. Would you recommend that the applicant volunteer in a Geriatric Healthcare facility?

Yes ☐ No ☐ (please explain)

5. Please evaluate him/her in the following areas using the scale where 5=Excellent and 1=Poor

	1	2	3	4	5
a) Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) English skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The personal information requested on this form is necessary to the proper administration of a lawfully authorized activity and, as applicable, is collected in accordance with subsection 38(2) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31. The information provided will be used for administration of the volunteer department including communicating with the volunteer and assessing suitability for a volunteer position at Baycrest and the Baycrest Foundation. Please note that any questions pertaining to the collection of the personal information should be directed to the Director of Volunteer Services at 416 785 2500 ext.2577.

I understand that any misrepresentation made by me in connection with this applicant will be just and sufficient cause of the dismissal of the applicant from Volunteer Service Department at Baycrest.

Signature: _____

Date: _____

dd-mm-yy