



23 Second St. Unionville ON L3R 2C2 | P: 905-477-3838 F:905-477-2888 | lynnf@bethanylodge.org

## Student Volunteer Reference Form

Name of Volunteer Applicant: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

This form is to be filled out by your Reference. Two references are needed. One must be a professional (teacher, doctor, pastor...) and one must be someone who knows you well personally, but is not a family member.

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Name of Reference: \_\_\_\_\_ Phone or email: \_\_\_\_\_

*Please answer the following to the best of your knowledge.*

Your Relationship to the Applicant: \_\_\_\_\_

Describe the Applicant's interactions with others

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Does the Applicant demonstrate to you that they will respect the residents' rights and religious faith?

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Is the Applicant trustworthy? \_\_\_\_\_

Is the Applicant a self starter? How much supervision do they need while completing tasks?

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Does the Applicant follow through on responsibilities?

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Would the Applicant dress appropriately to work with seniors? (Clean, modest clothing?)

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Is the Applicant able to communicate verbally with others? Are there any language barriers that we need to be aware of? \_\_\_\_\_

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Will the Applicant use appropriate language for our environment? (No swearing, respectful tone.)

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Does the Applicant have any special gifts or interests? \_\_\_\_\_

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Is there anything else we should know? \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your time! Please either send this in a sealed envelope with the student, or fax, or email or mail it to the above address to the attention of the Volunteer Co-ordinator, Lynn Freeman.*