

Société Alzheimer Society

BRANT, HALDIMAND NORFOLK,
HAMILTON HALTON

Volunteer Reference Check

Instructions for Applicant:

Volunteers must submit two references. References may be of a personal or professional nature. The references you choose may not be a family member. Please give this form to the person who is providing a reference for you and upload it to Better Impact. If you encounter difficulties, contact:

volunteers@alzda.ca
1800-565-4614 Ext. 804

Alzheimer Society
4391 Harvester Road Unit 8
Burlington, ON L7L 4X1 ATTN:
ATTN: Volunteer Services

To the Reference: If you require more space, please feel free to attach additional pages.

Name of Applicant: _____

Name of Reference: _____

Your relationship to the Applicant: _____

Your Telephone Number : _____

Your Email Address: _____

Contact Preference: Telephone ☐ Email ☐

How long have you known the applicant and in what capacity?

What are three traits/skills that the applicant possesses that will have a positive impact on their volunteer activities?

The applicant is seeking to volunteer at an agency where there are vulnerable and disadvantaged people. Would you recommend that the applicant volunteer in this type of setting?

☐ Yes ☐ No

If **No**, please explain why.

Please evaluate the applicant in the following areas: (5=excellent and 1=poor)

- | | | | | | | |
|----|------------------------------|---|---|---|---|---|
| a. | Reliability | 5 | 4 | 3 | 2 | 1 |
| b. | Works well with supervision | 5 | 4 | 3 | 2 | 1 |
| c. | Interpersonal Skills | 5 | 4 | 3 | 2 | 1 |
| d. | Works well in a team setting | 5 | 4 | 3 | 2 | 1 |

Is there any reason that you would not recommend this applicant to our volunteer program?

I understand that any misrepresentation made by me in connection with this applicant will be just and sufficient cause for the dismissal of the applicant from their Volunteer role at Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton.

Signature: _____

Date: _____

OFFICE USE ONLY Checked by: _____

Date checked: _____

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