



Volunteer Reference Form

The person below is applying for volunteer work at Women's College Hospital and has chosen you as a reference.

Applicant Information

Last Name	First Name
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Your Personal Information

Last Name	First Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Occupation	Company / Organization	Date
Phone # (you may be called for verification):		
How long have you know applicant?	In what capacity?	

Please comment on the following:

Punctuality: _____ _____
Interactions with others: _____ _____
Reliability: _____ _____
General Comments: _____ _____

Signature: _____

Date: _____

*This completed form is to be submitted along with the application to:
Sarah Lord, Coordinator, Volunteer Resources
416-323-6400 x4014 sarah.lord@wchospital.ca*



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