



VOLUNTEER REFERENCE FORM

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

Volunteer Applicant Information			
Last Name		First Name	
Your Personal Information			
Last Name	First Name	Title	
Occupation	Company / Organization		Date
Phone # (you may be called for verification):			
How long have you known the applicant?		In what capacity?	
Please comment on the following:			
Punctuality:			

Interactions with others:			

Reliability:			

General Comments:			

Signature: _____

Date: _____

This completed form is to be returned to the applicant for submission alongside the application form:
 76 Grenville Street, Room 7409 | (T) 416-323-6400 ext. 6180 | (E) volunteer@wchospital.ca | (F) 416-323-7741