

The individual who provided you with this form is applying to volunteer at London Health Sciences Centre. References are required for an application to be considered complete.

In order for this reference to be accepted, it must be received directly from you to Volunteer Services (do not return it to the applicant). Please complete this form within two weeks of receipt and send it to:

Volunteer_Services@lhsc.on.ca with subject heading 'Reference Form'

or

University Hospital, Volunteer Services, 339 Windermere Rd, P.O. Box 5339, London, ON N6A 5A5

Victoria Hospital, Volunteer Services, 800 Commissioners Rd E, P.O. Box 5010, London, ON N6A 5W9

Name of Applicant:	
Name of Reference:	Telephone:
1. (a) How long have you known the applicant?	
(b) In what context do you know the applicant?	
2. How does the applicant relate to others? Please provide an example.	
3. What qualities/abilities does the applicant have that would be valuable in performing a hospital volunteer role which interacts with patients/families and offers service excellence? Please describe the qualities/abilities and how they would apply to volunteering.	
4. Is the applicant reliable enough to honour a commitment to volunteer on a regular basis?	
5. What is one area you would recommend the applicant develops or strengthens?	
6. Would you recommend the applicant as a volunteer at London Health Sciences Centre? Please explain.	
7. Is there anything else you would like to comment on regarding the applicant?	
SIGNED:	