

VOLUNTEER APPLICANT: Please deliver a copy of this reference form to two references of your choice for completion. Please do not include relatives as references. One professional reference is required i.e. pastor, present supervisor, employer, professor. For Secondary Students under age 16 one reference must be a High School Teacher/Principal or Guidance Counsellor. On the reverse side of this form, your references are directed to deliver the completed form back to you in a sealed envelope or via e mail to Ongwanada's Volunteer Services Department.

Ongwanada Volunteer Reference Check

NAME OF POTENTIAL VOLUNTEER: _____

REFERENCE NAME: _____

*****Ongwanada is a non-profit organization that supports those who have developmental disabilities via a variety of services and supports. The above named potential volunteer has applied to provide social / leisure opportunities to those we support. Volunteer support is often provided on a one-to-one basis, sometimes without the immediate supervision of staff (i.e. volunteers accompanying clients into the community for walks or community outings). If you feel you require further detail re: the potential volunteer's anticipated volunteer role, in order to complete this reference, please contact our Volunteer Services Department @ (613) 548-4419, x 1163 or psmith@ongwanada.com Thank You!***

1) How long have you known the potential volunteer, and in what capacity?

2) What special qualities do you feel the potential volunteer will bring to their volunteer position and to those individuals Ongwanada supports?

3) How would you rate the individual on the below traits, please place a number beside each ranging from 1- 10 (1 being low/poor, 10 being high/excellent) or N/A if unable to comment :

*Commitment level _____
*Ability to work independently / take initiative _____
*Patience & understanding _____

CONTINUED ON NEXT PAGE / REVERSE

- *Dependability _____
- *Ability to accept and follow direction/guidance _____
- *The ability to make good decisions/judgments _____
- *Responsibility _____
- *Trustworthy & honest _____
- *Compassion for others _____

4) If you were a parent or family member of an individual receiving support at Ongwanada, would you be comfortable knowing that this applicant was spending time with them in a social / leisure capacity?

Yes _____ No _____ Please comment briefly on your answer.

5) In your opinion, what level of supervision do you feel this applicant requires? Please check one or all that you feel apply.

- *Direct supervision / staff always present _____
- *Minimal supervision, staff available but not in immediate area _____
- *Able to work independently without staff supervision _____

Additional Comments??

Signature of Reference: _____ Date: _____

Thank you for taking the time to complete this reference. Please return this completed reference form to the individual / potential volunteer in a sealed envelope with your initials written along the seal. Alternatively, you may also e mail this completed reference directly to psmith@ongwanada.com