



Community Services Volunteer Reference Form



The Town of Orangeville Community Services would appreciate your assistance in providing us with a written reference for the volunteer applicant named below.

Applicant, please forward this form to two (2) separate references for completion.

Please note that the Health and Lifestyle Co-ordinator may call to follow up on references to request further details or clarification.

All forms must be completed in full. (Please note that family members and/or peer friends are not acceptable reference sources. All references must be 18 years of age or older).

Contact Information

Volunteer Name: _____

Volunteer Position Applied for: _____

Reference Name: _____

Reference Main contact Number: _____

Reference Email Address: _____

Reference Questions

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

2. What do you consider to be the applicant's strengths?

- | | |
|---|---|
| <input type="checkbox"/> Organization | <input type="checkbox"/> Communication skills |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Team Focused |
| <input type="checkbox"/> Takes initiative | <input type="checkbox"/> Resourceful |
| <input type="checkbox"/> Reliable | <input type="checkbox"/> Works Independently |
| <input type="checkbox"/> Interpersonal skills | <input type="checkbox"/> Respectful |

3. What do you consider to be the applicant's areas in need of improvements?

- | | |
|---|---|
| <input type="checkbox"/> Organization | <input type="checkbox"/> Communication skills |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Team Focused |
| <input type="checkbox"/> Takes initiative | <input type="checkbox"/> Resourceful |
| <input type="checkbox"/> Reliable | <input type="checkbox"/> Works Independently |
| <input type="checkbox"/> Interpersonal skills | <input type="checkbox"/> Respectful |

4. Can you think of a time when the individual exhibited leadership or initiative?

5. This volunteer role requires the individual to make a commitment; do you feel they will honour that commitment?

6. Would you include this volunteer in a role that serves the vulnerable population groups and or that deal with money?

- Yes No Unsure

If unsure, please explain why:

7. Is there any reason that you would not recommend the applicant for a volunteer position with the Town of Orangeville

Additional Comments:

Signature: _____ Date: _____

To submit your application:

Please drop off your completed application form at Tony Rose Memorial Sports Centre
or Alder Recreation Centre attention: Co-ordinator, Health and Lifestyle, or
email volunteer@orangeville.ca.

Questions? Contact our Co-ordinator, Health and Lifestyle 519.940.9092 Ext. 4131

The personal information on this form is collected under the authority of the Municipal Act, as amended. The information will be used to determine applicant eligibility. Questions about the collection of this information should be directed to the Health and Lifestyle Co-ordinator Phone: 519-940-9092, Ext. 4131 or volunteer@orangeville.ca.