



## Volunteer Applicant Reference Check (2 references required)

Name of Applicant: \_\_\_\_\_

Volunteer Position Applying For (if known): \_\_\_\_\_

Reference: Name \_\_\_\_\_ Phone \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

3. How well do they work without supervision? \_\_\_\_\_

\_\_\_\_\_

4. How well do they work on a team? \_\_\_\_\_

\_\_\_\_\_

5. Do they follow tasks through to completion? \_\_\_\_\_

6. Do they demonstrate initiative? How? \_\_\_\_\_

\_\_\_\_\_

7. Please rate their qualities by checking the appropriate box - (1 = Never; 3 = OK; 5 = Always):

	1	2	3	4	5
Dependable					
Punctual					
Trustworthy					
Patient					
Tolerant of Differences					
Assertive					
Self-Directed					
Good Communication Skills					

Additional comments on above qualities: \_\_\_\_\_

\_\_\_\_\_

8. Would you be willing to have the applicant work one-on-one with your child or parent? Please explain your answer: \_\_\_\_\_

\_\_\_\_\_

9. What would you say are their weaknesses? \_\_\_\_\_

\_\_\_\_\_

10. Would you recommend the applicant for a volunteer assignment with Barrie Public Library?

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Note to person providing reference: This form may be faxed to the Barrie Public Library at 705-728-4322; mailed to 60 Worsley Street Barrie, Barrie, ON L4M 1L6 or scanned and emailed to [volunteers@barrielibrary.ca](mailto:volunteers@barrielibrary.ca). The applicant has given the Library permission to contact you for verification of information provided. Information will be kept confidential. Questions may be directed to the Coordinator of Volunteer Resources at 705-728-1010 extension 2266.