

Volunteer Applicant Reference Check (2 references required)

Name of Applicant	:						
Volunteer Position	Applying For (if known):						
Reference Name:							
1. How long have	you known the applicant?						
2. What is your rel	ationship to the applicant?						
3. How well do the	y work without supervision?						
4. How well do the	y work on a team?						
5. Do they follow to	asks through to completion?						
6. Do they demons	strate initiative? How?						
7. Please rate thei	r qualities by checking the appr	opriate	box -	(1 = Ne	ver; 3	= OK;	5 = Always):
		1	2	3	4	5	
	Dependable						
	Punctual						
	Trustworthy						
	Patient						
	Inclusive						
	Assertive						
	Self-Directed						
	Good Communication Skills						
Additional comme	nts 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. Is there any area where they would need additional support in their first 90 days?						
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 scanned and emailed to volunteers@barrielibrary.ca or dropped off/mailed to:

Barrie Public Library c/o Coordinator, Volunteer Resources 60 Worsley Street Barrie, ON L4M 1L6

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.