MISSION SERVICES OF HAMILTON, INC VOLUNTEER APPLICANT REFERENCE QUESTIONNAIRE

Please give this form to the person who is providing a reference for you. Ask them to fill it out and include it with your application or email it to volunteer@mission-services.com. It can also be returned to ATTN: Angie Ratzlaff-Lane P.O. Box 368, Wentworth Street North, Hamilton, ON L8L 7W2.

Nam	ne of Applicant:	
Nam	ne of Reference:	
Rela	ationship to the Applicant:	
Addr	ress:	
Tele	phone: (Day)(Evening)	
Ema	ail Address:	
	sion Services Hamilton – Volunteer Resources would appreciate your assistance in provid a written reference for the above applicant. Thank you for your time and input.	ing us
1.	How long have you known the applicant and describe your relationship with him/her?	
2.	What do you consider to be the applicants' strengths?	
3.	Are there characteristics this person exhibits that might make it difficult for him/her in this	s

capacity?

4. peop		oplicant is seeking to voluntee uld you recommend that the ap						disadvantaged No		
If No	, please	e explain why.								
5.	Please evaluate the applicant in the following areas: (5=excellent and 1=poor)									
	a.	Reliability	5	4	3	2	1			
	b.	Works well with supervision	5	4	3	2	1			
	c.	Interpersonal Skills	5	4	3	2	1			
	d.	Works well in a team setting	5	4	3	2	1			
	cient ca	d that any misrepresentation muse for the dismissal of the ap								
Signa	ature			_Date						
OFFICE USE ONLY					Checked by:					
					Date checked:					